

Abstract 101

TITLE : Dismissing the Threat: Maladaptive Coping with AIDS-Prevention Messages

AUTHORS: Blemberg, SJ

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ISSUE: Within many HIV risk-reduction programs, students learn several threatening facts about HIV infection and AIDS. When these facts are reinforced with discussions about students' risk for contracting the disease, intense anxiety should develop. These programs then hope that the anxiety will be a motivating force that leads the students to engage in safer sexual behaviors. Yet, this anxiety may instead motivate students to implement maladaptive defensive responses that just reduce their anxiety and thus leave them vulnerable to HIV.

SETTING: HIV education and prevention intervention sites, from classrooms to public health clinics

PROJECT: Identifying and understanding these defensive responses is an important first step toward eliminating these responses. This understanding requires a consideration of the four steps that a message goes through as it is processed. After each stage of this process, defensive coping strategies can be identified that will prevent further processing of the message. Four of these strategies are highlighted in this presentation.

RESULTS: Attention avoidance occurs prior to focal attention, when students may indiscriminately avoid all messages. Following focal attention but prior to comprehension, blunting of threatening information can occur. Thought suppression can occur following comprehension, preventing students from forming inferences about the message's self-relevance. Finally, counterargumentation is a biased assessment of the message that can occur after self-relevant inferences are drawn. Evidence for these defensive coping strategies will be presented.

LESSONS LEARNED: This presentation explains several reasons why null or negative results may occur with HIV prevention efforts. Some of the language used when describing defenses and denial has now been refined, and may suggest alternative measures of effectiveness when pretesting the impact of particular HIV prevention messages.

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Abstract 102

TITLE: Public/Private Partnerships in HIV/STD Risk Reduction: Bar Outreach Targeting Men Who Have Sex With Men

AUTHORS: Schulze, F., D.Ed., CHES (Pennsylvania Department of Health, Williamsport, PA)

ISSUE: Men who have sex with men are at increased risk acquisition of HIV/STD's due to risk factors of unprotected anal intercourse, multiple sex partners, sex while under the influence of drugs/alcohol, history of STD's and perceived lack of susceptibility in rural regions. Further, rural and small city men who have sex with men may have less access to prevention/education efforts than their urban peers because of geography, few existing gay groups, non-existent gay media and a lack of meeting places.

SETTING: Community outreach in gay bars located in a rural and small city region.

PROJECT: To address high risk behaviors and limited opportunities for prevention among rural men who have sex with men, the Pennsylvania Department of Health Northcentral District Office initiated a collaborative effort with community-based AIDS agency, family planning/STD clinic agency, gay bar owners/bartenders and gay community committee to co-sponsor themed health outreach at bar parties. The events featured entertainment, condom games, door prizes, flu shots, Orasure HIV counseling/testing, hepatitis B immunizations, male and female condom distribution, chronic disease health risk appraisal and general health displays.

RESULTS: The collaborative community prevention approach included four health outreach bar parties reaching over 400 men who have sex with men. As a result of the events, a team approach to prevention was fostered among the groups/agencies/bar owners, men who have sex with men received immunizations or HIV counseling/testing, HIV/STD awareness was promoted, peer leaders were identified and trained, HIV/STD clinic promotion was initiated and community empowerment was achieved for future endeavors.

LESSONS LEARNED: The Pennsylvania Department of Health Northcentral District Office noted community agencies/clinics/gay group/bar owners can cooperate in HIV/STD prevention efforts. Further, small city and rural regions offer ideal opportunities for empowerment. Lastly, public health employee found men who have sex with men respond to focused intervention efforts such as one-on-one discussion, small group activities, humor in health promotion and social support mechanisms. The results reinforce the need for community-level interventions.

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Abstract 103

TITLE: Trends in HIV-Related Risk Behaviors Among High School Students – Selected U.S. Cities, 1991-1997

AUTHORS: Brener, ND; Kinchen, S; Everett, SE; Kann L

BACKGROUND/OBJECTIVES: HIV-related risk behaviors among high school students have been decreasing nationwide during the 1990s. To determine whether these same trends hold in urban areas hardest hit by the HIV epidemic, we analyzed data from Youth Risk Behavior Surveys (YRBS) conducted in eight large cities in 1991, 1993, 1995, and 1997.

METHODS: Each local YRBS employed a two-stage cluster sample design to produce representative samples of students in grades 9-12 in each jurisdiction for the years 1991, 1993, 1995, and 1997. For each of the cross-sectional surveys, students completed an anonymous self-administered questionnaire that included questions about sexual intercourse, number of sex partners, and condom use. Secular trends were analyzed using logistic regression analyses that controlled for sex, grade in school, and race/ethnicity, and simultaneously assessed linear, higher-order (i. e. quadratic and cubic), and overall time effects.

RESULTS: Between 1991 and 1997, a significant linear decrease was found in the proportion of sexually experienced students in Chicago, Dallas, and Fort Lauderdale (all $P < .01$); in Boston, the proportion of sexually experienced students decreased significantly between 1993 and 1997 ($P = .02$). Students in the same four cities showed a significant linear decrease in the prevalence of multiple sex partners (all $P < .05$). A significant linear decrease was found in the proportion of students who reported current sexual activity in Chicago, Dallas, Fort Lauderdale, and Philadelphia (all $P < .05$). Among currently sexually active students, condom use increased significantly in Chicago, Dallas, Fort Lauderdale, Jersey City, Miami, and Philadelphia (all $P < .01$).

CONCLUSIONS: All but one of the cities examined in this study showed a significant improvement in at least one adolescent HIV-related risk behavior. These improvements parallel national trends in sexual experience, multiple sex partners, and condom use among high school students. Despite these improvements, many adolescents remain at risk. Effective policies and programs need to be implemented to increase the number of cities demonstrating improvement and to ensure that such improvements are maintained over time.

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Abstract 104

TITLE: The Informed Consumer, The Road to a Healthier, Happier, and Safer Life

AUTHORS: Joseph L. Lennox-Smith (Executive Director, Positive Education, Inc.)

ISSUE: Too little emphasis is placed on secondary prevention and consumer education, while much time and effort is spent on prevention education on those not infected or even affected by HIV AIDS, and often do not feel that they are at risk. Primary prevention education is critical to prevent the spread of HIV, but not teaching prevention to those already infected could be a critical error. Secondary prevention education must go beyond Post-Test counseling and the meager follow-up efforts currently used. We need comprehensive education to address social, psychological, and economic issues, as well as prevention and adherence techniques.

SETTING: Classroom instruction at AIDS Service Organizations, Community Based Organizations, PWA Coalitions and other peer groups. For those reluctant to classroom training for various reasons, one-on-one peer can accomplish this or professional contact, reinforced with multi-lingual text, audiotapes and videotapes.

PROJECT: Positive Education, Inc. makes available a comprehensive 8-hour course to any individual, organization or group for a nominal donation, or provided free if the prospective user has no funding. It is always free to those infected or affected. Updates to the course are made as changes occur and sent to each registered associate. The name of the course is T.A.S.K. (The AIDS Survival Kit). Written on a 6th to 7th grade level, it is user friendly, and comes with Teachers Text, Student Text and Overhead Masters. T.A.S.K. is written from a PLWH's point of view and utilizes CDC guidelines for prevention training. The Teacher's Text is self explanatory, but train-the-trainer is available at a nominal charge. Although copyright exist, it is reproducible at no charge by any associate as long as there is no cost to consumers. T.A.S.K. is in the process of being translated into Spanish and as funding becomes available companion audio and videotapes will be produced, which will also be reproducible at no charge. At this conference we will present an overview of this program and demonstrate the value of a comprehensive consumer education package, whether they use T.A.S.K. or some other package. Positive Education hopes to fill in the gaps to rural areas that do not have programs already available. Currently we have 28 registered associates in 8 states.

LESSONS LEARNED: Through positively effecting self esteem, lessening denial, alleviating fears, instilling hope, promoting honesty in relationships and teaching prevention and adherence techniques, including an understanding of medications, there side effects, and how to deal with them, we have seen consumers come in with fear and leave eager to continue life. Providing an evaluation and epidemiology tools, we have received an overwhelmingly positive reaction to consumer training. On a scale of 1 to 5, the evaluations have averaged 4.5 overall with over 500 students taught.

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Abstract 105

TITLE: Management Of Intravaginal Warts In HIV-Infected Women With A Dual Combination Therapy: 5-Fluorouracil (1%) In Injectable Hydrophilic Gel And Zidovudine 250 Mg.

AUTHOR: Sved ,TA'; Quresh, ZA; Ahmad, SA; Shahida, M. Ah. 'Department of Dematology

OBJECTIVE: The aim of this placebo-controlled, double-blinded study was to evaluate the clinical efficacy and tolerability of 5-Fluorouracil (1%) incorporated in a hydrophilic gel to cure intravaginal warts in HIV-infected women who were already on an oral regimen of Zidovudine (250 mg.), twice daily three times a week.

METHODS: Sixty female patients, aged between 18 to 50 years with confirmed HIV infection and having concurrent intravaginal warts (mean 5.3) entered the study. The diagnosis intravaginal warts was established by clinical, histopathological and Southern blot hybridization. Patients were sequentially assigned to receive a preformed 40-ml. tube of trial preparation, and they self-administered the medication (4 ml.) deep into the vagina by an applicator once at bedtime every other day per week (1, 3 and 5). The study lasted for 16 weeks with 4 weeks of active treatment. Patients were examined on a weekly basis for 4 weeks and thereafter, were followed-up for 18 months on a monthly basis. Eradication of target lesions, absence of clinical signs of infection and Southern blot hybridization confirmed negative WV-DNA was recorded as treated.

RESULTS: By the end of the treatment findings indicated that 48.3% patients and 49.7% lesions were cured. Code disclosure revealed that 5-FU (1%) gel had cured 83.4% patients and 85.2% lesions. Placebo cleared 13.3% patients and 12.8% lesions; $p < 0.0001$. Thirteen patients 21.7% predominantly in the 5-FU gel group reported non-objective mild erythema, erosion and edema, with no dropout. Among cured patients four had a relapse after 14 months.

CONCLUSION: The study demonstrated that 5-Fluorouracil (1%) gel is tolerable, safe and significantly more effective than placebo to cure intravaginal warts in HIV-positive women, who were already on treatment with Zidovudine 250 mg. and the regimen can be considered as a reliable dual treatment modality to cure intravaginal warts.

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Abstract 106

TITLE: HIV/AIDS Risk Behaviors Among Native American High School Students

AUTHORS: Charles Geboe MEd and Sherry A. Everett, PhD, MPH

BACKGROUND/OBJECTIVES: The Youth Risk Behavior Survey (YRBS) was administered to students in Bureau of Indian Affairs (BIA) funded high schools nationwide to determine the prevalence of health risk behaviors among Native American students attending these schools.

METHODS: BIA conducted a census of schools and students: A total of 5,606 (of a possible 7,702) students in 54 (of a possible 57) high schools completed the YRBS in the spring 1997 for an overall response rate of 68%. Students completed an anonymous, self-reported, 84-item paper and pencil questionnaire that queried students about health risk behaviors including sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection. The data were weighted to adjust for nonresponse and are generalizable to all BIA high school students.

RESULTS: Many students engage in behaviors that increase their risk of HIV infection. For example, 63.3% of students have had sexual intercourse and 14% did so by age 13 years. Four in 10 students (40.4%) reported sexual intercourse during the 3 months preceding the survey and among these students, slightly more than half (51.6%) used a condom during last sexual intercourse. More than one in three students (37.9%) drank alcohol or used drugs before their last sexual intercourse. During the 3 months preceding the survey, 53.5% used alcohol, 52.3% used marijuana, and 10% used cocaine. More than 1 in 20 students (6.0%) had ever injected illegal drugs.

CONCLUSION: Many Native American students are at risk for HIV infection. Data from the BIA YRBS supports the need for effective programs and activities designed to reduce risky sexual behaviors and drug use among high school students in BIA funded high schools.

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Abstract 107

TITLE: Designing, Evaluating and Expanding Programs to Rural and Suburban Sex Workers
AUTHORS: Alice Tkachik MSWAC

ISSUE: Literature in print on programs to sex workers are programs and interventions specific to inner city issues.

SETTING: Community based, not-for-profit, peer led agency in the mid-west (suburban and rural) delivering HIV prevention and testing to sex-workers and IDU's.

PROJECT: A peer founded, governed, directed and staffed agency in the mid-west, Sisters and Brothers Helping Each Other; delivers HIV prevention based on the Harm Reduction model to sexworkers and IDU's. A spread sheet pre-funding evaluation tool is used to assess the need and the specific place services will be delivered. Client satisfaction and Behavior change surveys are done at the close of each funding year to evaluate the effectiveness of the program. By using science-based strategies, a cost effective, behavior changing program can be developed in resistant communities (suburban and rural) to traditionally invisible populations (IDU's and sex-workers).

RESULTS: A Program was established in a rural and suburban setting that can be duplicated and used in any suburban or rural area. The program was developed by peers; but can be duplicated by agencies who have only service delivery people as peers.

LESSONS LEARNED: By using science based program development in conjunction with life style experience of peers a cost effective, behavior changing HIV prevention programs can be implemented and continued successfully in a community acceptable way in a small budget agency. This no fail combination of facts provides service delivery and accountability to funders.

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Abstract 108

TITLE: Effective Sexual Health Education in Hard to Reach Populations

AUTHORS: M. Giffin – Alaskan AIDS Assistance Association Anchorage, Alaska
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ISSUE: Delivering HIV prevention education in Anchorage presents the challenges of reaching diverse and disenfranchised populations. In Alaska, these groups are represented by women and youth in treatment as well as immigrant populations.

SETTING: The intended audience is youth and women of color in substance abuse treatment facilities in Anchorage, Alaska. Factors such as HIV testing availability in rural areas, cultural approaches to sexual issues, challenges of frontier environments and language difficulties for multi-ethnic audiences must be addressed.

PROJECT: Numerous studies have documented barriers to HIV prevention. Literature cites psychosocial issues such as low self-esteem, social isolation, loneliness and lack of intimacy as factors which contribute to disregard for safer sex practices. Alcohol and drug abuse further complicate these issues by compromising judgement. Prevention efforts must be conscious of, and responsive to, these larger psychological, emotional, cultural and social conditions that affect sexual activities. Our series of discussions is based on proven, behavior change methods and covers healthy relationships, communication, sexually transmitted diseases and HIV/AIDS contraception, maintenance and practice of negotiation skills. Typically, this training covers 7-9 hours which can be broken down to 1 hour modules. This training is specifically client-centered and promotes HIV prevention by promoting sexual health.

RESULTS: Based on the programs we have delivered to the Hispanic community in Anchorage, Alaska and the adolescents at The Salvation Army Booth Home and McGlaughlin Youth Center as well as women in recovery at the Alaska Women 's Resource Center, this series has been highly effective in focusing the participants on their individual lifestyle issues.

LESSONS LEARNED: Our experience has taught us that HIV prevention and sustained behavior change not only comes from recognition of benefit to self, but also is often intertwined with increased self esteem and confidence. This is not accomplished in a one hour, one shot outreach. The Anchorage Neighborhood Health Center and the Alaskan AIDS Assistance Association have collaborated on a training program which empowers sexually active people to form healthy relationships. Our recommendation is that HIV education be adapted to address all sexual health issue.

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Abstract 109

TITLE: A Novel Mechanism of Oral Transmission of HIV by Infected Seminal Fluid and Milk

AUTHORS: Baron, S; Poast, J; Richardson, CJ; Nguyen, D; Cloyd, M
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BACKGROUND: Salivary transmission by the 30 million carriers is a rare event despite kissing, aerosolization, and dental treatment. The main salivary protective mechanism has been reported to be due to inactivation of the HIV-infected leukocytes in the mouth by the unique hypotonicity of saliva, resulting in a 10, 000-fold inhibition of HIV production. Unexplained is the successful oral transmission of HIV by seminal fluid and milk. We tested the hypothesis that isotonic seminal fluid and milk overcome the salivary hypotonic inactivation of HIV-transmitting leukocytes by (1) reconstituting the tonicity of saliva and (2)impeding physical mixing with saliva.

METHODS: Six samples of milk, three of colostrum, six of saliva, and three of seminal fluid were collected from normal donors. The 213 strain of HIV was propagated in human CEM lymphocytes or in peripheral blood mononuclear cells, treated with the various samples. The HIV production was then assayed in human MT-2 lymphocytes.

RESULTS: We found that hypotonic salivary inactivation of HIV-transmitting leukocytes was prevented by reconstitution of salivary salts by isotonic seminal fluid, milk, colostrum, blood or balanced salt solution. Also, physical mixing with saliva was impeded by seminal fluid and milk. The naturally deposited volumes of seminal fluid, milk and colostrum in the mouth were shown to be quantitatively sufficient to overcome the salivary protection.

CONCLUSIONS: These findings are consistent with the hypothesis that the successful oral transmission of HIV by seminal fluid, milk and colostrum may be due to their isotonicity, which overcomes hypotonic salivary inactivation of the transmitting leukocytes. Targeting the main mucosal transmitting mechanism, the HIV-infected cell, may allow adaptation of the oral defense to other mucosal sites (vaginal and rectal) as well as to reduce the risk to health care workers.

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Abstract 110

TITLE: Published HIV/AIDS Information - A Knowledge Base for Service Providers at the Community Level

AUTHOR: Lilleth C. Newby, M. L. S., A. H. I. P.

ISSUE: Program managers and their staff need published information to provide effective and efficient service to their clientele. There is a wealth of information available but there needs to be some coordination and promotion of these resources in order for maximum use to be made of them. Programs are being funded to provide varying services to the community but those executing the services need to have the basic tool of **current and relevant information** with which to do an efficient an effective job.

SETTING: The presentation will focus on *The HIV Resource Library* and its role in acting as a gateway and distributor of information resources to staff and clients of community based organizations that are located throughout the five boroughs of New York City. [Statistics available]

PROJECT: The goal of the library is to provide up-to-date, relevant published information to the publicly-funded community based organizations to assist staff members in executing their services in the best way possible, in order to improve the quality of life and extend life expectancy of those persons already infected and to educate on the HIV transmission in order to reduce the seroprevalence. The presentation includes description of public relations and publicity projects; description of funding sources: NYC DOH, NYS DOH, Federal funding through Ryan White CARE Services; description of interaction with community groups such as HIVCARE? Network meetings, community based organizations [CBOs] staff meetings, conferences, Health Fairs, symposia, etc.

Description of a sample of the best resources: **PRINT SOURCES: BOOKS; PERIODICALS; EDUCATIONAL BROCHURES; SPECUL INFORMATION PACKETS; ELECTRONIC SOURCES: CD-ROM Bibliographic databases, Full text databases; ONLINE DATABASES; WEB SITES: General medical; HIV/AIDS; International; Spanish language; Other relevant sites.**

[A special study was carried out to ascertain how material received from or through the library was used, factors such as dissemination and to whom, whether any repackaging was done for dissemination, etc. Results of 1998 study.]

CONCLUSION: The published information resources which are available are tools to used by programs managers of publicly-funded community agencies to assist them in executing their services in an efficient an effective manner.

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Abstract 111

TITLE: Among Friends: Crisis Transition Program for GLBTs

(See <http://www.dcpride.org>)

AUTHORS: John D. Kraft (Among Friends Job Support Group Facilitator)

ISSUE: Among Friends is a non-profit, incorporated ministry to GLBT persons in crisis. It provides short-term housing (3 to 6 months), a job search support group, and a peer-counseling program. This poster is presented as a model for similar local program development. The house has a permanent "house mother" and can house up to 5 additional people, while the individuals involved are working to put their lives back in order. Counseling is provided. A job search support group meets weekly to help individuals with job search issues and networking. A peer support group meets periodically to help with the "coming out" process. In addition to providing direct support to persons living with HIV/AIDS who ask the organization for assistance, these individuals are assisted in finding specific additional referral sources in the rehabilitation, medical, and social services areas.

SETTING: The housing program is located in a leased residence in Washington, DC. The support groups meet in a church in a predominantly GLBT area in Washington, DC.

PROJECT: This program was begun by a Roman Catholic priest. The organization is funded by the Combined Federal Campaign, local MCC churches, Dignity, individual contributions, small grants from HIV/AIDS service organizations, and fund raisers within the GLBT community. There is no paid staff: all are volunteers. The interracial Board of Directors and staff consist of volunteers from many disciplines, including attorney, social worker, psychologist, business, and religious organizations. The volunteers are covered by liability insurance and must sign a very detailed contract relating to their conduct with clients. Some of the volunteers/clients are HIV+.

RESULTS: No formal evaluation studies have been carried out on the program. However, informal follow-ups are made. The housing program normally is full with a small waiting list. Many people return to the job support group and recommend others to come.

LESSONS LEARNED: 1. Some of the people who use the services are suffering from clinical depression. 2. Many people in their late 40 's and in their 50's need support in searching for employment. 3. Some GLBTs who want help are afraid of exposure as to their sexual orientation. For these people, e-mail, letters, and phone calls are used. Some people with HIV will not go to an HIV clinic but instead will use a service organization like Among 5. Many individuals who have come to the job support group really seem to be looking for a discussion group on "coming out" issues. This is a good place to discuss HIV prevention strategies.

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Abstract 112

TITLE: Maximizing PIR in Community Prevention Planning

CO-PRESENTERS: Sara Leedom and Hector Rivera

ISSUE: Parity, Inclusion and Representation are key components for the success of CPG when addressing community needs. Studies and documents from the USC Conference of Mayors (HIV Prevention Community Planning Profiles-1998), USMBHA (Taking a Closer Look: An Assessment of HIV Prevention Community Planning Groups-1997) and CDC (HIV Prevention community Planning: shared Decision Making in Action 1998) point out the importance of Parity, Inclusion and Representation in CPGs. Thus, this presentation would address the importance of diversity, PIR, and retention of CPG members.

SETTING/AUDIENCE: Mostly non-PWA in leadership of community planning groups nationwide, and people interested in the CPG process.

PROJECT: Workshop is designed to develop strategies to nurture and support parity, inclusion and representation in the CPG process, through presentations and exercises that focus on assisting planning groups in recognizing the importance of diversity and PIR to the process success. Attendees would be able to identify tools that can help them to work effectively the PIR component of CPGs. This presentation would provide solutions, methods, models, or examples through overheads and handouts.

RESULTS: At the end of this presentation, attendees would be able to: 1) develop strategies to overcome barriers to participation by community leaders in community planning, 2) assess how successful we have been at recruiting and retaining PWAs and other leaders into community planning, 3) develop strategies for empowering PWAs and other leaders to represent their community perspective on the CPG, and 4) establish a one-year work plan for their own CPG to increase PIR.

LESSONS LEARNED: A closer look at CPGs which have achieved PIR, diversity and retention shows that it is for the benefit and advantage of the Prevention Planning. Input from different community groups is essential if the CPG wants to be successful on their allocation of prevention funds.

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Abstract 113

TITLE: High-risk Sexual Behaviors Among HIV-infected Adolescents and Young Adults
AUTHORS: Denning, PH; Nakashima, AK; Wortley, P; Supplement HIV/AIDS Surveillance Project Group (CDC, Atlanta, GA)

OBJECTIVE: To describe high-risk sexual behaviors among adolescents and young adults recently reported with HIV infection or AIDS, and to determine risk factors associated with these behaviors.

METHODS: Between January 1995 and November 1998, we interviewed 1,446 persons aged 18-29 years who were newly reported with HIV (33%) or AIDS (67%) in 12 cities and states to assess sexual behavior in the past year. High-risk behaviors evaluated were having any sexual intercourse unprotected by condoms (UI) and having ≥ 3 sex partners.

RESULTS: Among the 1,446 HIV-infected young persons interviewed, 1,186 (82%) had sex in the past year and 1,123 (78%) had sexual intercourse. Of the 1,123 who had intercourse, 671 (60%) had at least one episode of UI. The prevalence of UI was significantly lower among persons diagnosed with HIV infection >1 year before interview (i.e., knew they were infected, $232/538 = 43\%$) than among those diagnosed ≤ 1 year before interview (i.e., may not have known they were infected, $378/475=80\%$, $p=0.001$). Among persons diagnosed with HIV infection >1 year before interview, the prevalence of UI was lowest among those having male-male anal intercourse (AI) with a steady sex partner of negative ($25/102=25\%$) or unknown ($10/32=31\%$) serostatus and among those having vaginal intercourse with a steady partner of negative serostatus ($52/161=32\%$). Prevalence was highest among persons having male-female AI with a steady sex partner of positive ($12/16=75\%$) or unknown ($11/12=92\%$) serostatus. In a multivariate regression model, significant ($p < 0.05$) risk factors for UI were sharing needles (adjusted odds ratio [AOR] = 4.8), HIV diagnosis ≤ 1 year before interview (AOR = 4.5), not having a steady sex partner (AOR = 4.5) or having a steady partner of positive (AOR = 2.9) or unknown (AOR = 2.5) serostatus, heterosexual self-identity (AOR = 1.81, and <12 years of schooling (AOR = 1.5). Of the 1,186 sexually active persons, 648 (55%) had 1 partner in the past year, 206 (17%) 2 partners, and 332 (28%) ≥ 3 partners. In a multivariate model, significant ($p < 0.05$) risk factors for having ≥ 3 sex partners were crack use (AOR = 2.8), sharing needles (AOR = 2.6), bisexual (AOR = 2.3) or gay (AOR = 2.1) self-identity, male gender (AOR = 1.9), and having UI (AOR = 1.5).

CONCLUSIONS: Substantial rates of high-risk sexual behavior among the adolescents and young adults interviewed underscore the need to expand HIV prevention efforts among HIV-infected young persons. Although multiple sex partners and extremely high rates of UI in some groups of young persons are of particular concern, markedly lower levels of UI among persons who knew they were infected strongly suggest that high-risk sexual behavior among HIV-infected young persons can be modified.

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Abstract 114

TITLE: Communities at Risk – Estimating the Impact of the HIV Epidemic upon Adolescents and Adults at the Local Level

AUTHOR: Paul Denning (Centers for Disease Control and Prevention)

BACKGROUND: Since HIV-infected persons who develop AIDS by age 25 tend to have been recently infected, trends in AIDS incidence among these young persons will closely parallel trends in HIV incidence. AIDS incidence data for persons aged 18-25 years can thus provide a population-based means of estimating recent patterns of HIV infection among adolescents and young adults. Moreover, communities with the greatest need for HIV preventive interventions can be identified by examining these data at the local level.

METHODS: We analyzed AIDS surveillance and census data from all metropolitan statistical areas (MSAs) in the U. S. to calculate MSA-specific AIDS incidence rates for the 1-year periods July 1990-June 1991 and July 1995 - June 1996. Our analysis included persons aged 18-25 years who were exposed to HIV through male-male sex, injecting drug use, or heterosexual contact. We excluded MSAs with <10 AIDS cases in both evaluation periods. Data were adjusted for reporting delays, unreported HIV risks, and the 1993 change in the AIDS case definition.

RESULTS: For the 58 MSAs included in our analysis, the median AIDS incidence rate in 1995/96 was 9.8 cases per 100,000 persons aged 18-25 years (range=0.8-61.2). Some of the highest rates were in MSAs with populations <500,000, such as Fort Pierce, FL (61.2), Jackson, MS (21.3), and Columbia, SC (18.9). Rates in these small MSAs were substantially higher than in nearly all MSAs with populations ≥ 1 million, including Washington, DC (13.8), Los Angeles, CA (8.6), and Chicago, IL (7.7). Regionally, rates were greater than the median (9.8) in 77% (20/26) MSAs in the South, 50% (6/12) in the Northeast, 22% (2/9) in the Midwest, and 9% (1/11) in the West. Between 1990/91 and 1995/96, AIDS incidence rates for young persons increased by >25% in 16 (28%) of the 58 MSAs and decreased by >25% in 20 (34%). MSAs in which rates increased by > 25% were significantly more likely than MSAs with decreases >25% to have populations <1 million persons ($p<0.01$), and significantly more likely to have young persons with AIDS who were female ($p<0.01$) black ($p<0.01$) or exposed to HIV through heterosexual contact ($p<0.01$).

CONCLUSIONS: The high AIDS incidence rates in most of the MSAs analyzed reflect persistently high levels of HIV infection among adolescents and young adults. Of particular concern, trends in AIDS rates during the 1990s indicate that the HIV epidemic continues to spread, most notably in small MSAs and among women, blacks, and heterosexual contacts. To halt this continued growth in the epidemic, HIV prevention activities must be expanded in all communities-those currently affected, those becoming affected, and those not yet affected.

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Abstract 115

TITLE: Addressing HIV/AIDs in the Workplace

AUTHORS: Laporte, Y; Williams, R; Milan, J; Petesch, P; Benson, B; Monford J

ISSUE: The American workplace has been profoundly affected by HIV/AIDS, and advanced medical treatments promise to bring more challenges. As optimism flourishes, the urgency surrounding the epidemic dissipates, and the resolve to maintain preventive behaviors potentially becomes weaker. Many workplaces are unprepared to address HIV in fair and appropriate ways--through implementation of corporate policies, and adherence to the requirements of the Americans with Disabilities Act, the Family and Medical Leave Act, and, OSHA's Final Bloodborne Pathogens Standard.

SETTING: The workplace remains a crucial point of access to priority audiences and offers an efficient delivery system for primary prevention and control messages.

PROJECT: To address this issue, the U. S. Centers for Disease Control and Prevention (CDC) has developed the Business Responds to AIDS (BRTA) and Labor Responds to AIDS (LRTA) Program. Through workplace education materials the CDC provides guidance on: 1) how to formulate appropriate workplace policies on HIV/AIDS 2); how to train managers and labor leaders on the issue; 3) how to educate employees/workers; 4) how to help employees/workers educate their families - especially their adolescent children, who are most at risk and 5) how to address HIV/AIDS in the community through service, volunteerism, and philanthropy.

RESULTS: The CEOs and leaders of 50 business and labor organizations have partnered with CDC, serving as Advisors on program design and implementation, and marketers of this initiative. Through a combination of TV Broadcast advertising, targeted out-of-home/airport advertising, and direct mail that communicate on a peer-to-peer basis with CEOs and Human Resource Directors, Clearinghouse volume has increased with BRTA/LRTA inquires and material requests averaging 400 calls per month and 3000 Web site hits per month.

LESSONS LEARNED: CDC's experience thus far suggests that business and labor is receptive to HIV/AIDS Workplace programs and inclined to consider implementing policies and programs that further their institutional interests and those of their employees/workers, equip managers and labor leaders, and educate employees/workers. In addition, demonstrating buy-in among CEO and Human Resource Directors through mass media and targeted communication materials enhances audience response.

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Abstract 116

TITLE: Understanding The Culture Of Masculinity And Creating Effective Prevention Messages

AUTHORS: William P, M.Ed. (North Carolina HIV/STD Prevention & Care) and Britton C, M.Ed (Whetstone Consultations)

ISSUE: CDC standards for effective HIV prevention messages require cultural appropriateness and Sensitivity and are focused on risk reduction behaviors that curtail and/or alter sexual behaviors. The professional literature and prevention programs seldom acknowledge or account for the impact of the culture of masculinity which overlays the cultures of race and ethnicity. Therefore prevention messages targeting men fail to meet these standards and thus have significantly reduced impact on men 's sexual behavior change that would reduce transmission of HIV.

SETTING: HIV prevention program design, policy development, and behavioral and social science research.

PROJECT: Authors reviewed literature on HIV prevention theory and programs and on male socialization and discovered significant incongruity. The HIV prevention messages focus on risk reduction through limiting sexual partners and the use of condoms. However men are socialized to value risk taking behaviors and sexual prowess. The standard of culturally appropriate and sensitive prevention messages require the resolution of these conflicts if we are to expect maximum impact.

RESULTS: Authors created guidelines for prevention and program design that account for the culture of masculinity including: 1. the reframing of risk in the context of male sexual behaviors; 2. the determination of the multiple functions of sexual expression for men; 3. empowerment of men as responsible individuals rather than the assumption of power through culturally established gender prerogatives; and 4. training staff to acknowledge the culture of masculinity and it 's impact on their male clients. Sample male sensitive prevention messages were also developed.

LESSONS LEARNED: Blaming and shaming men for "non-compliance" with current HIV prevention messages ignores the reality that men are in fact "complying" with the larger, more potent cultural imperatives of masculinity. This double-edged phenomenon contributes to men 's continued vulnerability to HIV transmission as well to men's narrow options of culturally determined masculinity.

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Abstract 117

TITLE: Rapid HIV Testing vs. Traditional Testing: In A Public Health Outreach Setting

AUTHORS: S B. Bennett¹; S. Fordan¹; E. E. Buff¹; L. Haddock-Morrilla¹; R. Caldwell²; L. Hill²; D. Williams²: ¹Retrovirology Unit, Florida Department of Health, Bureau of Laboratories, Jacksonville, Florida, USA. ²River, Region Human Services, Inc., Jacksonville, Florida, USA.

OBJECTIVES: To compare the performance of a fingerstick-based HIV rapid test against a traditional serum-based EIA screening assay. This assessment is to target a high volume, high seroprevalent public health outreach setting. We are evaluating this rapid test on the basis of its potential benefit to identify and assess those individuals of unknown HIV serostatus. These individuals most often avoid traditional public health clinic settings.

METHODS: A total of 277 paired specimens of fingersticks and venous blood were obtained from clients requesting an HIV test at River Region Human Services, Inc. (RRHS), a substance abuse treatment and prevention center. The fingerstick samples were tested by a rapid test (Quix HIV-1-2-0, Universal HealthWatch, Inc.) designed to detect HIV-1/2 and Group 0 antibodies. This rapid test was primarily performed in a non-laboratory setting by RRHS personnel trained by the assay manufacturer. Sera derived from the venous bloods were tested for HIV-1/2 antibodies by an FDA approved synthetic peptide EIA (Sanofi Diagnostic Pasteur, Inc.) at the Florida Bureau of Laboratories (FBL), by licensed laboratory technologists. Repeatedly reactive samples were further tested by Western Blot and PCR when indicated.

RESULTS: Of the 277 patients, the rapid test correctly identified 20 of 20 HIV-1 seropositive individuals yielding a sensitivity of 100%. The assay also correctly identified 254 of 257 seronegative for a specificity of 98.9%. The PPV and NPV of the rapid assay is 87% and 100% respectively. The three (3) false positives encountered by the rapid assay were weak HIV-1 reactivities as determined by RRHS and FBL personnel. All three patients were negative for HIV-1 by NASBA, a qualitative HIV-1 RNA amplification procedure.

CONCLUSION: HIV prevalence in this outreach population was 7.2%, approximately twice the state average. This high seroprevalence in conjunction with the rapid test sensitivity level tends to make it favorable for reaching a population of unknown HIV serostatus, for partner notification and for patient care management. However, the specificity of the rapid test is less than traditional laboratory based testing. This increased false positivity will require more supplemental testing to reach a true serostatus. In a less seroprevalent population, the lower specificity may create a testing burden. The rapid test examined appears to be very useful for outreach and surveillance purposes. For this assay to become routine in clinic practices, we feel specificity must improve. Multiple rapid assays, used in combinations, may be an option to provide high quality, reliable results.

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Abstract 118

TITLE: Ethnic Identify, Gay Identify, Sexual Sensation Seeking and HIV Risk Taking Among Men of Color Who have Sex with Men

AUTHORS: Chwee Lye Chng, Ph. D., University of North Texas; Jesus Geliga-Vargas, M. S., Resource Center of Dallas

BACKGROUND/OBJECTIVES: This study identified relationships among ethnic identity, gay identity, sexual sensation seeking, and HIV risk-taking behaviors among MSM of color. The following hypotheses were investigated: 1) MSM of color who report high ethnic identity will report significantly more HIV risk-taking behaviors; 2) MSM of color who report high gay identity will report significantly less HIV risk-taking behaviors; 3) MSM of color who report high sensation seeking will report significantly more HIV risk-taking behaviors.

METHODS: Three independent variables of ethnicity identity, gay identity, and sexual sensation seeking were measured by the Multi Group Ethnic Identity Measure (MEIM), the adapted Homosexual Identity Questionnaire (HIQ) and the Sexual Sensation Seeking Scale (SSSS). To control for potential confounding variables, we collected information on age, HIV status, relationship status, and length of residency in the United States, education and ethnic@. The dependent variable of HIV risk-taking behavior was measured by the HIV Risk-taking Behavior Scale (HRBS). A calculation of sample size based on the recommended power of .8 and a moderate effect size of .5 suggests a sample size of 230 participants. The convenience sample (N=302) consisted of men of color who met the inclusion criteria of reporting sexual contact with other men, and are able to read English and/or Spanish, as the questionnaire was available in both languages. Data was collected from subjects recruited in gay bars, gay bathhouses, gay-oriented agencies servicing MSM of color. Subjects were also recruited during the United States Conference on AIDS held in Dallas on November, 1998.

RESULTS: The sample (N=302) consisted of 24% African American, 28% Latino, 25% Asians/Pacific Islander, 19% Caucasian, 1% American Indian, and 3% other ethnicity. Based on their limited representation, American Indian subjects (n =3) and subjects who selected the "other" ethnic category (n =10) were excluded from data analysis. Subjects were recruited from four sources: community events/programs (35%), conferences (34%), gay bars (21%) and bathhouses (10%). The sample was highly educated (87% with more than high school education), and predominately non-monogamous (77%). Twenty three percent of the sample reported being HIV positive and 9% did not know their HIV status. Although all men resided in the United States, 29% were not born in the country. Of those born overseas, the majority was Asians/Pacific Islanders (61%) and Latinos (29%). Logistic regression analyses identified sexual sensation seeking as a predictor of unprotected anal sex (OR = 3.82, p = .0000). High sexual sensation seeking MSM are 3.8 times more likely to engage in unprotected anal sex in the previous month. The logistic regression analysis also suggests that not having a defined gay identity was a significant predictor of unprotected anal sex (OR = 3.41, p = .0009). MSM who are not gay identified are 3.4 times more likely to engage in unprotected anal sex than gay identified men. At least one instance of unprotected anal sex in the previous month was reported by 69% of MSM with an undefined gay identity. In contrast, 45% of MSM with a defined gay identity reported participating in unprotected anal sex. The logistic regression analysis confirmed that a monogamous relationship status predicted unprotected anal sex (OR = 2.52, p = .0044). Those MSM who reported being in a monogamous relationship are 2.5 times more likely to engage in unprotected anal sex than their nonmonogamous peers. Because there was some suggestive evidence in the literature that being foreign born could correlate with participation in risky sexual behaviors, we performed a logistic regression analysis on the sample of MSM who were not born in the United States (N = 89). Results suggest a negative correlation between unprotected anal sex and length of residence in the United States. For foreign-born MSM the shorter their stay in the country, the more likely they are to engage in unprotected anal sex (OR = .91, p = .0436).

Logistic regression analysis confirmed that Ethnic Identity was not a significant predictor of unprotected anal sex among the sample. The MSM of color sample reported fairly high ethnic identity mean scores ranging from 3.53 (African Americans), 3.48 (Asian/Pacific Islanders) to 3.33 (Latino). The Caucasian sample score 2.97 out of a 4-point scale.

CONCLUSIONS: Sexual sensation seeking, not having a clearly defined gay identity, being monogamous, and length of stay in the country (for those not born in the United States), are significant predictors of participation in HIV risk-taking behaviors among MSM of color. All of these predictors should be incorporated into the design and implementation of HIV prevention programs targeting MSM of color in the United States.

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Abstract 119

TITLE: National Assessment of the Technical Assistance Needs of Asian and Pacific Islander HIV Prevention Programs

AUTHORS: Ignatius Bau (Asian and Pacific Islander American Health Forum, San Francisco, CA)

BACKGROUND/OBJECTIVES: Asians and Pacific Islanders (APIs) are one of the fastest growing populations in the U.S. Although the reported number of AIDS cases remain relatively low among APIs, rapid population growth and the diversity of API languages and cultures make HIV prevention in these communities particularly challenging. The Asian and Pacific Islander American Health Forum (APIAHF), a National/Regional Minority Organization (NRMO), was funded by the CDC to conduct a national assessment of the technical assistance and training (TAT) needs of HIV prevention programs targeting Asians and Pacific Islanders. This assessment was conducted in conjunction with the CDC and other NRMOs.

METHODS: From August 1997 through August 1998, APIAHF conducted two surveys of 80 Asian and Pacific Islander (API) community-based organizations (CBOs)(71% response rate to one or both surveys from 15 states, Washington, DC and Guam), a survey of the health departments in the thirty territorial, state and local jurisdictions with the highest API populations (80% response rate), 5 regional focus groups of API men who have sex with men (36 participants from 17 CBOs), 8 local focus groups of API youth (80 participants under age 25 from 6 cities) and 6 key informant interviews of leaders of API gay men's groups to assess the TAT needs of HIV prevention programs targeting Asians and Pacific Islanders.

RESULTS: Asian and Pacific Islander (API) HIV prevention programs provide a diverse number of individual, group and community level interventions targeting diverse API populations by API ethnicities/national origins, languages and risk behaviors. There are significant gaps in linguistic access to HIV testing and to information about HIV in several states and cities with large numbers of API residents. The API CBOs surveyed reported program evaluation (45% of responding CBOs ranked as high priority), behavioral and social science (40% of responding CBOs ranked as high priority), organizational development (e.g., fundraising and resource development, strategic and long-term planning, volunteer program development and collaboration)(38% of responding CBOs ranked as high priority) and epidemiology (30% of responding CBOs ranked as high priority), as their highest TAT priorities.

CONCLUSIONS: Asian and Pacific Islander (API) CBOs that conduct HIV prevention programs need TAT in program evaluation, behavioral and social science, organizational development and epidemiology. The API CBOs surveyed preferred receiving such TAT from a diverse number of TAT providers, including the CDC, state and local health departments, NRMOs, other CBOs and academic institutions. Health departments and community planning groups need TAT in understanding and addressing the HIV prevention needs of APIs in their planning and funding decisions.

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Abstract 120

TITLE: Protection from STD, HIV/AIDS, and Unintended Pregnancy Implications: For Multiple Method Use

AUTHORS: Wilson, Tracey E., Hogben, M., & Minkoff, H.

OBJECTIVE: To identify psychosocial antecedents and behavioral outcomes associated with the use of dual methods of contraception (i.e., a condom plus one other method).

METHODS: 1,050 sexually active women reported attitudes toward pregnancy/STD, sexual behaviors, STI history, and were asked to rate condom attributes on 2 1-point scales, ranging from extremely *bad* to *extremely good*. Participants were also tested for *C trachomatis* and *T vaginalis*.

RESULTS: In the month before interview, 469 reported using only condoms, 163 dual use, and 418 no condom use. Although similar in sexual risk behavior and the prevalence/history of STD, dual users were less likely to report consistent condom use (18%) than condom only users (31%). Groups differed in the importance afforded pregnancy prevention; dual users placed higher importance on pregnancy prevention than did either the condom only or no condom groups ($p < .05$); there were, however, no group differences with respect to disease prevention importance. In multivariate analysis, groups differed on condom attributes:

	Grand Men	Dual Use	No Condom Use	Condom Only
Ability to prevent pregnancy	5.88 (4.93)	6.51 (4.31) ^a	5.43 (5.16) ^{a,b}	6.06 (4.91)
Ability to prevent disease	7.46 (4.65)	7.86 (4.48)	7.10 (4.96)	7.64 (4.41)
Effect on sexual enjoyment	1.83 (6.97)	2.73 (6.70) ^a	0.52 (7.11) ^{a,b}	2.69 (6.76) ^b
Ability to use	6.56 (5.33)	8.06 (3.14) ^a	5.46 (6.11) ^{a,b}	7.01 (4.99) ^b
Partner's attitude	0.50 (7.67)	1.73 (7.36) ^a	-1.11 (7.52) ^{a,b}	1.52 (7.67) ^b

(*Similar superscripts indicate statistically significant mean differences across groups.)

CONCLUSIONS. Interventions should be targeted to address the unique beliefs that drive condom use behavior among non-users, condom only users, and dual users, with special consideration of the integration of family planning concerns with STD/HIV prevention.

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Abstract 121

TITLE: Mandatory HIV Testing of Infants and Rates of Follow-Up

AUTHORS: Wilson, T., & Minkoff, H.

OBJECTIVE: In 1996, New York State passed legislation that would "unblind " previously anonymous results of newborn heelstick serosurveys used to track rates of HIV infection among childbearing women and infants. Concerns arose that women who do not wish to learn their serostatus might be deterred seeking infant care in settings where test results are given. This study assessed whether New York 's policy resulted in decreases in rates of follow-up care for infants at the site of delivery.

METHODS: Seven hundred eighty-six women (390 pre-and 396 post-mandatory HIV testing) were systematically sampled and interviewed in postpartum wards in Brooklyn, N. Y. Interviews were matched with clinic records documenting attendance at the first scheduled newborn visit.

RESULTS: Overall, 78.5% of women had engaged in voluntary HIV testing during their pregnancy. Women were more likely to report voluntary testing in the era after heelstick unblinding (73.9% v 82.7%, $p < .05$). After adjusting for age, race/ethnicity, lifetime prevalence of HIV testing prior to pregnancy, prenatal care, and whether U. S. born, women were more likely to have voluntarily tested in the post-legislation era, OR =1.8, 95% CI =1.3 -2.7. Clinic records confirmed that 84.2% of women brought their infant in for a newborn visit within three months of delivery. There were no statistically significant differences between rates of return prior to versus after mandatory testing (82.6% v 85.8%, $E = .24$). Of those 159 women who did not test voluntarily, 75.8% presented for the first scheduled newborn visit. Of these, there were again no statistical differences between those who kept appointments in the pre-and post-mandatory time periods (77.4% v 73.4%, $p = .57$) after adjusting for the above covariates ($X^2 [7] = 9.7$, $p = .21$).

CONCLUSIONS: This study found higher voluntary prenatal testing rates but no changes in initial newborn care after implementation of mandatory newborn HIV testing. While the ethics of mandatory testing in postpartum period remains an important topic for legislators considering following New York 's lead, we found no evidence that concerns about health care seeking behaviors should be central to that discourse.

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Abstract 122

TITLE: Current Reproductive Health and HIV Prevention Issues for Incarcerated Women

AUTHORS: de Ravello, Lori (Centers for Disease Control and Prevention, Atlanta, GA)

BACKGROUND: In 1997, almost 80,000 women were incarcerated in over 300 State and Federal correctional facilities, 60,000 women were held daily in county and local jails, and 748,000 female juvenile arrests were made in the United States. Although women make up less than 10% of the total jail and prison population, they are the fastest growing incarcerated population (with a rate of increase of one and a half times that of men from 1985-1995). Moreover, 6-10% of these women are pregnant upon entry, and studies indicate they have greater rates of HIV infection, syphilis, chlamydia, gonorrhea, illegal substance abuse, and mental illness relative to either their male counterparts or women in civilian society. Furthermore, with the exception of the Federal prison system, there is no authoritative body which guarantees a standard level of health care for female or male inmates across all correctional facilities. As a result, there is wide variation in the availability, type, and quality of reproductive health services for female inmates across correctional facilities.

OBJECTIVE: To provide a national overview of reproductive health and HIV prevention needs of incarcerated women.

METHODS: A review of both published and unpublished literature from 1990-1997 was conducted and the major relevant findings were summarized. Information sources included peer reviewed journals, nonpeer reviewed journals, published books, conference abstracts, unpublished CDC data, and Federal reports.

RESULTS: The available literature suggests that despite their high rates of HIV, STDs, and substance abuse and their history of low utilization of preventive health services, a substantial proportion of female inmates do not have adequate access to essential reproductive health and STD/HIV prevention services such as pregnancy testing, pre-natal care, STD/HIV screening and treatment, gynecological exams, Papanicolaou testing, HIV/AIDS prevention counseling and behavioral change counseling, abortion counseling and abortion services, well-woman care, and drug and alcohol treatment. A 1994 Bureau of Justice Statistics study of State prisons housing women found that only 85% of pregnant inmates had gynecological exam related to pregnancy upon admission, and 31% of pregnant inmates received no prenatal care while incarcerated.

CONCLUSION: Female inmates are an under-researched population who are often assumed to be equal to their male counterparts in terms of their health care and prevention needs. Although small in absolute numbers, compared to their male counterparts they are growing faster in numbers, have more complex health problems, and utilize the health care system more. Additional research is needed to identify the health care issues specific to incarcerated women, identify patterns and barriers to access and utilization of health care services while incarcerated, design behavioral interventions to address the high-risk behaviors of the female inmate, and design discharge planning and continuity of care programs for the female offender upon release.

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Abstract 123

TITLE: Survival of AIDS Patients According to Injecting Drug Use in a Cohort of Perto Rican AIDS Patients According to Injecting Drug Use in a Cohort of Puerto Rican AIDS Patients

AUTHORS: DM Fernández, MA Gómez, M. Velázquez, M. Mayor, O. Gómez & RF Hunter
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OBJECTIVES: This paper aims to: (1) describe IDU's and non-IDU's according to age, gender, AIDS criteria and antiretroviral use; and (2) assess survival differences between IDU's and non-IDU's according to age, gender, AIDS diagnosis criteria and antiretroviral use.

METHODS: This study is a survival study of a longitudinal cohort. The sample was composed of 1124 AIDS patients with AIDS diagnosis of a cohort of HIV-infected adults who sought medical care at either the Immunology clinic of Bayamon or the Ramon Ruiz Arnau University Hospital between January of 1992 and December of 1998. The variables studied were: survival time of AIDS, intravenous drug use, age, gender, AIDS defining criteria (clinical or immunological (< 200 CD4 count and/or <14% CD4 count) and antiretroviral therapy (yes/no). AIDS patients reported low survival. The Kaplan-Meier procedure was used to analyzed the median survival. Statistical comparisons of the survival functions differences were performed using the Log Rank test.

RESULTS: Significant difference ($p < 0.05$) was found on survival between IDU's and non-IDU's, where IDU's had lower survival than non-IDU's. Significant differences in the survival functions (IDU's vs. non-IDU's) were found among male patients, younger patients, patients with immunological criteria and antiretroviral use. The mean survival time among these variables was lower for IDU's than non-IDU's.

CONCLUSIONS: This study suggested than variables related with low survival among IDU's were male patients, younger patients, patients with immunological criteria for AIDS diagnosis and antiretroviral use. Clinical endeavors should take in consideration the variables related with IDU survival to develop health programs to enhance the quality of life and the survival of the AIDS patient. This study was sponsored by RCMI/NIH Grant Number G12RR03035 and CDC-ASD-AIDS Surviellance Section Grant Number U62/CCU206209.

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Abstract 127

TITLE: HIV/AIDS in a Late-Middle Aged and Elderly Puerto Rican Population

AUTHORS: Gomez, M.A.; Hunter, R.; Miniño, A. Retrovirus Research Center, Internal Medicine Department, University Hospital Ramon Ruiz Arnau, Universidad Central del Caribe, Bayamón, Puerto Rico

OBJECTIVES: To characterize and describe HIV-infected patients of advanced age who seek health services at the public facilities of the health region of Bayamón, Puerto Rico and to compare this population with the younger sample complement.

METHODS: A subsample of subjects (n = 145) aged 50 or older was taken from the *HIV Central Registry* of the *Retrovirus Research Center*.

RESULTS: Study subjects comprise 7.6% of total registry. Twenty-one percent were women; the study of the spectrum of HIV risk behaviors revealed that 55% (67% among females, 52% among males) had heterosexual sex with risky partner(s); 22% of the males indicated having sex with other males; 37% (17% among females, 43% among males) had used injectable drugs; less than 1% had received a blood product transfusion. Clinical manifestation variables: 31% had history or presence of an AIDS-defining condition at presentation to facilities. Most common AIDS-defining conditions: esophageal candidiasis (10.3%), PCP (9%), the wasting syndrome (7.6%) and toxoplasmosis (4%). Mean CD4 count was 250 cells /mm³. Modal performance score (Karnofsky) was 60 (23%). Almost 16% of subjects died within baseline assessment.

CONCLUSIONS: Puerto Rican HIV-infected patients with advanced age are similar to younger ones in clinical aspects and only differ from these in behavioral, cultural matters. *Acknowledgment.* RCMI/NIH grant G12RR03035.

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Abstract 128

TITLE: HIV Risk Scenario Among Puerto Rican HIV/AIDS Women

AUTHORS: Gomez, M.A., Fernandez, D.M. and Hunter, R. Retrovirus Research Center, Internal Medicine Department, University Hospital Ramon Ruiz Arnau, Universidad Central del Caribe, Bayamon, Puerto Rico

OBJECTIVE: To assess the socio-demographic, behavioral, psychological, clinical and immunological differences of Puerto Rican HIV/AIDS women sample according to their HIV transmission mode.

DESIGN: Cross-sectional survey of a longitudinal cohort (n=1,901).

METHODS: The HIV Central Registry of the Universidad Central del Caribe has been recruiting HIV/AIDS patients attending the Bayamon Immunologic Clinic and the University Hospital Ramon Ruiz Arnau since may 1992. 1901 patients have been interviewed and a record including socio-demographic, risk related, clinical and immunological data has been created for each one of them. 374 women are actually included in the baseline data base and their main HIV transmission mode were: Injecting Drug Use and Heterosexual Contact. Chi square and t-tests were performed to assess the potential significant differences of those risk groups of women.

RESULTS: A high proportion of women in both groups were in a reproductive age, and most of them reported having had children. Nevertheless, IDU's were less often living with a stable partner. The heterosexual group presented with a higher educational profile and were less unemployed. Most women belonging to the heterosexual group (84.7%) reported risky heterosexual behaviors, specially with a partner with AIDS/HIV or with an Injecting Drug User. A high proportion of the IDU's women reported more stress factors, stress and other psychological events. Even if a similar CD4 counts median at baseline was found for both groups, the IDU group arrived more often in an advances stage of the disease (63% vs 52%) with clinical AIDS at first encounter. Within the AIDS defining conditions, IDU's were found to have a significant association with PCP and non-oral candidiasis, and with symptoms such as idiopathic fever and night sweats. This study was sponsored by RCMI/NIH Grant Number G12RR03035.

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Abstract 129

TITLE: Behavioral Intervention Research on Alcohol and AIDS

AUTHORS: Kendall J. Bryant, Ph.D.(National Institute on Alcohol Abuse and Alcoholism, Bethesda MD)

ISSUE: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports a comprehensive research program on the relationship of alcohol abuse and the risk of HIV infection. The interrelationships between alcohol abuse and HIV risk behaviors are complex. To stem the HIV epidemic, it is critical to develop knowledge of how drinking increases risky behavior and decreases effective treatment for AIDS and apply this knowledge to the design and implementation of effective preventive interventions.

SETTINGS: To describe a variety of on going research on behavioral interventions for the prevention and treatment of HIV/AIDS in alcohol using, abusing, and dependent populations in multiple settings. Settings include primary care, alcohol in-patient and out patient facilities, schools, prisons, HIV treatment programs, and other public settings.

PROGRAM: NIAAA has a substantial body of research that is beginning to yield important scientific results. Results from current work are influencing the design of large-scale behavioral trials of preventive interventions. Research is focused on three areas: 1) Primary prevention of HIV among alcohol-using and -abusing populations; 2) Basic behavioral research to develop a theoretical understanding of the relationship between alcohol and HIV risk behaviors as they apply to the prevention and treatment of HIV/AIDS; 3) Secondary prevention among HIV-positive alcohol-using and -abusing individuals, particularly as it applies to adherence to use of AIDS medication.

RESULTS: This program of research is supporting 10 ongoing intervention trials. Recent results from school-based intervention programs have demonstrated reductions in AIDS risk behaviors among high-stimulus seeking/impulsive decision making youth. Research has also demonstrated reduced alcohol/HIV risk behaviors in gay-specific substance abuse treatment settings, and alcohol treatment programs in general. Service linkage studies in alcohol/HIV positive populations are providing insights into physician/patient communication behaviors to improve medication compliance.

LESSONS LEARNED: Alcohol abuse should be directly addressed in populations at-risk for HIV and among HIV positive individuals. Alcohol/HIV interventions are being adapted to specific settings and populations to reduce AIDS risk behaviors and incidence of infection.

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Abstract 131

TITLE: Improving Failure to Return Rates with Men who have Sex with Men-HIV Counseling and Testing in Gay Bars and Sex Parks.

AUTHOR: Charles, Mark

(Community AIDS Resource & Education Services of Southwest Michigan)

ISSUE: Recent directives from the Center for Disease Control require grantees to have no less than a 90% return rate for seropositive test results, and no less than 75% for high-risk seronegatives. Agencies that fail to achieve these standards must then document their low return rates and take additional steps to improve the situation. Michigan currently has an average return rate of 71% for its publicly funded HIV counseling and testing sites. Many factors may influence an agencies return rate, including type of site and whether the site offers anonymous or confidential testing.

SETTING: Bars and sex parks frequented by men who have sex with men(MSM).

PROJECT: To address this issue, CARES has developed a program to target the men who have sex with men (MSM) population. The components of this MSM program, "Friends Educating Friends", are as follows: (1) HIV counseling and testing using the oral test **Orasure** in local gay bars and sex park settings; (2) recruitment and training of gay and bisexual men to become peer opinion leaders; (3) street outreach in the gay bars and sex parks by both MSM program staff and trained volunteers.

RESULTS: From January 1, 1998 to December 31, 1998 the "Friends Educating Friends" program counseled and tested 251 MSM. Out of that number, 4 people tested positive, which is well above the national average of 1 reactive person per 250 tests. The MSM program had a 100% return rate for both seropositive and seronegative clients.

LESSONS LEARNED: The experience of the "Friends Educating Friends" program suggests that several factors can have a positive impact on return rates. Our success suggests that by using **Orasure**, testing in places where gay and bisexual men gather, and utilizing peer volunteers to promote HIV testing, we have been able to achieve high return rates.

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Abstract 132

TITLE: The Unsafe Sexual Behavior of Persons Living with HIV/AIDS: An Empirical Approach to Developing New HIV Prevention Interventions Targeting HIV-positive Persons.

AUTHORS: Rosser, BRS, Gobby, JM, Striipe, M (Program in Human Sexuality, Department of Family Practice and Community Health, Medical School, University of Minnesota, Minneapolis MN)

BACKGROUND/OBJECTIVES: This study aims to examine the psychosexual concerns of persons living with HIV in order to develop new HIV prevention interventions.

METHODS: In all, 106 persons living with HIV/AIDS in Minnesota completed an anonymous survey that examined risk behavior at time of infection, pre-diagnosis, post-diagnosis, psychosexual concerns related to infection of others and living with HIV and prevention services desired by persons living with HIV. The sample reflected the Minnesotan profile and represents 3.3% of known infections.

RESULTS: Most participants knew the person who infected them; half were infected by long-term partners; and 29% infected outside Minnesota. Median time from infection to diagnosis was three years, and from diagnosis to receiving HIV-clinical services, one month. Suicidal thoughts, shutting down sexually, safer sex, and unprotected sex with HIV positive individuals were common post-diagnosis behaviors. Twelve common reasons why persons became infected were cited. Since diagnosis, 24% reported unprotected anal or vaginal intercourse with a non-HIV positive partner; 37% reported infecting others prior to being diagnosed, and 13% infecting others post-diagnosis. Persons at high risk of transmitting HIV to others were younger ($X^2=11.39$; $p<.0001$), more sexually active ($X^2=7.58-21.23$; $p<.001$), more sexually compulsive ($X^2=3.50$; $p<.05$), less disclosing of their HIV serostatus before sex ($X^2=19.42$; $p<.0001$), more self-perception as contaminated ($X^2=7.48$, $p<.001$), more likely to report they became infected through oral sex ($X^2=7.56$; $p<.001$) and were aware that safer sex was problematic for them ($X^2=25.14$; $p<.0001$).

CONCLUSIONS: HIV prevention planning needs to target HIV positive persons. Eight specific recommendations are made for planning new interventions for persons living with HIV.

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Abstract 133

TITLE: Lowering Internalized Homophobia In Men Who Have Sex With Men: A Randomized Controlled Trial.

AUTHORS: Rugg,DL*; Rosser,BRS**; Ross,MW***; Bockting,WO**, Kraft,C**; Bauer,G**, Robinson,BE**, Coleman, E**(*Centers for Disease Control and Prevention, Atlanta;**Program Human Sexuality, U Minnesota Medical School;***U Texas (Houston) School of Public Health)

BACKGROUND OBJECTIVES: Can internalized homophobia, a major cofactor hypothesized as mediating risk behavior in men who have sex with men (MSM), be reduced? This question was studied as part of a wider study evaluating an innovative approach to HIV prevention.

METHODS: MSM volunteers ($N=443$) were randomly assigned to either a 2-day comprehensive sexual health promotion intervention or 3-hour video control. The intervention comprised a two-day comprehensive, sexual health promotion seminar designed to improve the sexual health of MSM. At baseline, post-intervention, and 3- and 12-month follow-up, participants completed a battery of tests, including the 26-item *Reactions to Homosexuality* scale (Ross and Rosser, 1996). Difference scores between experimentals and controls were calculated for total internalized homophobia (IH) and 4 subscales, and compared using t-tests.

RESULTS: Comparison of intervention ($n=211$) and control ($n=191$) scores at baseline confirmed no significant differences. Between pre-test and immediate post-test, a significant reduction in IH was found in the experimental but not the control group ($t_{210,190}=2.21$, $p=.027$). Investigation of subscales identified subscale 1: public identification as gay/bisexual ($t_{210,190}=2.81$, $p=.005$), and scale 4, religious-moral homophobia ($t_{210,190}=1.92$, $p=.055$), as the major contributors to this difference. Comparison of pretest with 3- and 12-month follow-up data demonstrated that while trends towards lower homophobia were evident in the intervention ($n=173$) but not the control ($n=140$) groups, these differences did not reach significance ($p>.05$).

CONCLUSION: The results demonstrate that internalized homophobia can be reduced through sexual health promotion seminars. Such reductions immediately post-test may dissipate over time. However, the loss of power due to attrition particularly in the control group may also explain the lack of significant differences at 12-month follow-up. The challenge to reducing long-term risk factors appears to be in maintaining improvements.

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Abstract 134

TITLE: Safer Sex and Unsafe Sex Behavior in a Seminar-based Sample of Midwestern Men Who have Sex with Men (1994 -- 1997)

AUTHORS: Rosser, BRS,¹ Bauer, GR,¹ Bockting, WO,¹ Welles, SL,² (1. Program in Human Sexuality, Department of Family Practice and Community Health, Medical School, University of Minnesota, Minneapolis, MN; 2. Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis, MN)

BACKGROUND/OBJECTIVES: Recent studies based in areas of high HIV prevalence have reported increases in unsafe sex among men who have sex with men (MSM), and have attributed this to "behavioral relapse" resulting from HIV/AIDS anti-retroviral therapy. This study examines safer sex behavior, unsafe sexual behavior and contextualized risk behavior from 1994 through 1997 in an area of low-to-moderate HIV prevalence.

METHODS: Midwestern MSM (*N*=725) who participated in a sexual health seminar were surveyed just prior to participation. Data were aggregated annually. Subject demographics were stable across the 4-year period.

RESULTS: Across these baseline surveys, no trend toward increasing risk was found. Fifty-two percent of respondents reported engaging in anal sex during the previous three months, 56% of whom reported not using condoms. Twenty-one percent of respondents reported unprotected anal sex outside of a monogamous, long-term, same serostatus relationship. Two other studies among Midwest MSM - one in gay youth and one in MSM attending a community-based organization (Pride) activity-obtained similar results.

CONCLUSIONS: In this low-moderate HIV prevalence area, the increase in unsafe sex reported from epicenters does not appear to be occurring. We hypothesize that this discrepancy in results reported in epicenters compared with this low prevalence area may be due to changes in the pool of sexually active men who have sex with men in the epicenters, not changes in MSM sexual behavior. If this is true, interventions for men returning to the sexually active MSM pool must address their unique risks.

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Abstract 135

TITLE: AIDS In the Deaf Community

AUTHORS: Mary R. Lester

ISSUE: HIV/AIDS continues to be a major problem in the deaf community. Although public health agencies do not record statistics regarding incidence of AIDS cases among the deaf, it is known that deaf people practice the same risk behaviors that cause hearing persons to become infected: primarily, unprotected sex and sharing of injecting drug paraphernalia with infected people. In the translation from English to sign language, HIV education loses something: LIVES.

SETTING: This would be primarily a "Train the Trainer " type of workshop geared to teaching people how to work with the deaf population.

PROJECT: In 1991 the CDC worked with a California agency and developed a curriculum for teaching deaf individuals about HIV and AIDS. After taking this program and later sponsoring the program when it came to Atlanta, I conducted HIV prevention programs in Georgia for nearly 8 years. This workshop would seek to recruit individuals interested in becoming educators to the deaf community and train them to do HIV prevention.

RESULTS: We have learned over the years that "More than seventy percent of deaf people consider American Sign Language (ASL)their first language and English their second. "(Scott Pott, president of the National Coalition of the deaf Community and HIV). Hearing people often don 't realize the need to be culturally sensitive to this minority because it doesn 't occur to them that this is another culture.

LESSONS LEARNED: AIDS Education programming needs to be conducted in ASL and in a culturally sensitive manner to reach the deaf and hard of hearing persons at their own levels. The concept of "Training the Trainer " is not a new one and will certainly work as a goal of this particular session. The techniques taught in this workshop have been tested and proved to be an effective method of teaching deaf about HIV prevention. Therefore this "Training the Trainer" workshop can and will be effective. (a) Hearing and Deaf participants will learn about resources available to them for teaching the deaf about HIV transmission and risk reduction. (b) Hearing and Deaf participants will learn through this "Train the Trainer " session how to use "tools" that are available to them from their own home or office. (c) Participants will learn appropriate sexual signs and terms, which will give them a greater insight into the deaf culture and the people who live in it. (d) Participants will learn how to "get into the deaf communities " and find people at risk for HIV transmission (i. e. via local gatekeepers, deaf organizations, TTY and telephone relay services, etc.)

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Abstract 136

TITLE: An Evaluation of an Integrative HIV Prevention Education Model for Latinas.

AUTHORS: Munoz, L. Congreso de Latinos Unidos, Philadelphia, PA

ISSUE: Despite the over-representation of Latinas in the AIDS epidemic, traditional HIV/AIDS prevention programs are often designed to provide standard HIV/AIDS information to participants such as transmission through sexual practices and IV drug use. Most prevention programs lack an analysis of race, class and gender as it relates to high risk practices.

SETTING: The "Mujer es Salud" program is an HIV/AIDS integrated prevention education model targeted to Latinas, developed and implemented by Congreso de Latinos Unidos, a multicultural social service organization in North Philadelphia.

PROJECT: The model "Mujer es Salud" is premised on the belief that HIV risk behavior must be understood in relation to the wider economic, social, and cultural barriers that Latinas experience. Therefore, the program is designed to integrate HIV education with a wide range of services that target their broader needs. By examining the ways in which race, class and gender inequalities affect Latina's high risk behavior practices, the study aimed to gain a better understanding of the complex interrelated factors that contribute to the spread of HIV among Latinas.

RESULTS: The study evaluated the strengths and weaknesses of the model, via in depth interviews of the participants who showed an increase level of knowledge in HIV prevention and were connected to other services that facilitated HIV high risk behavior modification and the implementation of health prevention practices. The study also identified other barriers that Latina's experience when practicing HIV prevention.

LESSONS LEARNED: There is a need for HIV prevention education targeted to Latinas in North Philadelphia to be implemented within the framework of the social, economic and cultural realities of their daily lives.

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Abstract 137

TITLE: Accuracy of Newer Whole-Blood Rapid HIV Tests

AUTHORS: Branson, BM; Fridlund, C; Granade, T; Phillips, S CDC, Atlanta, GA.

OBJECTIVE: To evaluate the sensitivity and specificity of recently developed-HIV rapid tests which can be performed on whole blood by persons with minimal technical training

METHODS: Five investigational rapid tests (a) which could be performed on whole blood or fingerstick specimens and (b) whose manufacturers planned to seek FDA approval were evaluated against a panel of 200 HIV-negative and 195 HIV-positive serum specimens in the HIV Serology Laboratory, and results compared with HIV 1\2 EIA and Western blot.

RESULTS: Sensitivity of the reference EIA and specificity of the Western blot were assumed to be 100%. Specimens with indeterminate Western blot results were excluded from analysis.

Test	Sensitivity (95% CI)	Specificity (95% CI)
Capillus	.985 (.963-1.0)	1.0 (.980-1.0)
Determine	1.0 (.985-1.0)	.980 (.960-.999)
Hemastrip	.985 (.968-1.0)	.995 (.985-1.0)
Quix	1.0 (.985-1.0)	.975 (.953-.997)
Unigold	.990 (.976-1.0)	.960 (.933-.987)
Genetic Systems EIA	-	.951 (.921-.980)

CONCLUSION: These newer rapid tests were easy to perform on serum specimens in less than 15 minutes, with sensitivity and specificity as good as or better than that of the reference EIA. Prospective evaluation of these tests using fingerstick and whole blood specimens is now underway.

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Abstract 138

TITLE: Adapting a Standardized Project to Meet Local Needs: The Supplement to HIV/AIDS (SHAS) Project in Washington State

AUTHORS: Courogen, Maria

ISSUE: HIV/AIDS reports provide limited information about those infected. Data from the supplement to HIV/AIDS Surveillance (SHAS) Project provide enhanced information on important characteristics and needs of the infected population. This information can be used to plan, develop, and monitor HIV prevention interventions.

SETTING: In Washington State, the SHAS Project is a population-based study. Although the project was initially conducted in a limited number of counties, primarily in the Puget Sound area, it has recently been expanded in order to gather more information from infected individuals living in rural areas and, consequently better address local planning needs.

PROJECT: Washington State is one of 12 SHAS sites nationwide where in-depth interviews are conducted with HIV/AIDS patients ≥ 18 years of age on an ongoing basis using a standard questionnaire. Data collected include demographics, socioeconomic status, sexual and drug using behaviors, HIV testing behaviors, therapy for HIV and opportunistic infections, and access and adherence to therapy. Locally, questions of interest to community planning have been added to the standard questionnaire; these include questions about needle exchange, reasons for not testing earlier for HIV, and use of services outside of the county of residence. Individuals with reportable disease are recruited with the assistance of providers and case managers, interviewed in a setting of their choice, and compensated for their time.

RESULTS: A total of 1,335 interviews have been completed since the project started in 1991. SHAS data that have been used recently for community planning groups include: (a) data describing the behaviors of injection drug users with HIV; (b) late diagnosis of HIV infection, particularly in women; (c) reasons for not testing earlier for HIV; and (d) condom use by men who have sex with men. SHAS data have also been included in the 1998 Washington State HIV/AIDS Epidemiologic Profile.

LESSONS LEARNED: Extensive behavioral data that are useful for community planning are scarce particularly in rural areas. In Washington State, adapting the SHAS Project by adding questions of local interest and expanding to a statewide protocol has allowed for collection of data that better meet community planning needs.

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Abstract 139

TITLE: What's Love Got T Do With It? Quantifying the Risk of HIV

AUTHORS: Varghese, B; Maher, JE; Peterman, TA; Branson, B (CDC, Atlanta, GA)

BACKGROUND/OBJECTIVES: In addition to condom use, other HIV prevention approaches are associated with different risks and benefits and would provide more choices to people. We used decision analyses to estimate the relative risks of acquiring HIV on the basis of a person's choice of (a) sex act, (b) condom use, (c) partner's likelihood of being infected, and (d) partner's HIV test history.

METHODS: Based on literature review, the assumptions were: (a) relative risk (RR) of acquiring HIV from an HIV-infected partner through insertive fellatio (RR, 1, referent), receptive fellatio (RR, 2), insertive vaginal sex (RR, 10), receptive vaginal sex (RR, 20), insertive anal sex (RR, 13), receptive anal sex (RR, 100); (b) risk of condom failure (5%); (c) prevalence of HIV among heterosexuals (high risk [2%] low risk [0.25%]) and among men who have sex with men (high risk [0.25%]) and among men who have sex with men (high risk [20%], low risk [2.5%]); and (d) test sensitivity (98%) and specificity (99.8%) for calculating the predictive value of a recent negative test result. Threshold analyses were performed to analyze the robustness of our results.

RESULTS: Patterns emerged among the 100 combinations of choices. For example, unprotected sex with a partner who recently tested negative is half as risky as protected sex with a partner of unknown serostatus (for a given sex act). Unprotected receptive fellatio is half as risky as protected receptive anal sex (for a given partner). Protected receptive anal sex with a partner who recently tested negative is one-tenth as risky as protected receptive vaginal sex with a person of unknown serostatus. These results are fairly robust under a range of parameter estimates.

CONCLUSIONS: Although condoms are protective, choosing a partner with a recent negative HIV test result or a safer sex act would also reduce risk. Clarification of the risk of different activities allows people to make more informed choices about safer sex strategies.

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Abstract 140

TITLE: Using GIS to Improve Methods of Targeting HIV Resources to Communities in Need

AUTHORS: Egan, J; Favuzzi, M; Mesh, B (Bureau of HIV Prevention, NYC Dept of Health)

ISSUE: To make comprehensible huge amounts of information for a diverse constituency by relating complex and disparate data into a meaningful whole: To respond to community demands for information that heretofore was slow to assemble or difficult to communicate: to enhance our planning capacity so as to improve our management and control of resources with a goal in improved contract and program performance.

SETTING: The HIV epidemic in New York City (NYC) is the most widespread, complex and longstanding in the United States. It is, in reality, a composite of several epidemics driven by different patterns of risk behavior in a city that is, in turn, a composite of many communities that are diversely distributed across I80 zip codes each of which could be the equivalent of a small city.

PROJECT: To refine our methods and analysis of service distribution by introducing geographic factors: To develop a geographically sensitive database of all contracts and directly operated programs: To identify and develop ancillary co-factors of population and need –surveillance, racial and ethnic, poverty, immigration, and hospital data, and to integrate all elements through the use of a Geographic information System (GIS) into what today is known as the Resource Allocation Database (RAD).

RESULTS: Creation of the RAD, a system which re-examined our contracts and programs by Point of Senior (POS) and Program Outreach Areas (POA) as well as by intervention and population characteristics: Integration of co-factor information through the use of the new technologies of the GIS and RAD: Rapid analysis and mapping of populations, needs and resources, and visualization and comprehensive analysis of gaps in service and association of complex factors.

LESSONS LEARNED: The development of the RAD demonstrated the value and importance of keeping pace with new technology. The system had significant positive impact on our ability to communicate through visual images that greatly enhanced our planning process and the participation of our community planning partners and stakeholders.

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Abstract 141

TITLE: Minnesota Pharmacy Syringe/Needle Access Initiative (SAI)-Implementation

AUTHORS: Gary Novotny, Jill DeBoer, Elaine Collison, Roy Nelson, Steve Moore
Minnesota Department of Health

ISSUE: There is overwhelming evidence that syringe access programs reduce HIV-related risk factors among injection drug users and can be implemented without harmful social repercussions. Given the limited political and financial support for needle exchange programs, ensuring pharmacy sales of needles/syringes becomes particularly important.

SETTING: Community-E based retail pharmacies across Minnesota serving injecting drug using clients.

PROJECT: Minnesota Pharmacy Syringe/Needle Access Initiative (SAI)-Implementation. State legislation was enacted Jul 1, 1998 that provided for voluntary pharmacy sales of needles/syringes in quantities of 10 or fewer without a medical prescription for an accompanying drug. Individual

pharmacies participate, in SAI by certifying their support of a syringe/needle disposal activity. Accompanying the sale of syringe/needles, pharmacies provide referrals to the state HIV hotline, HIV counseling and testing sites, health care resources, treatment facilities, and disposal information.

RESULTS: MDH staff are responsible for the implementation planning, materials development and dissemination, responding to public inquiries, training, and general communication with individual retail pharmacy managers. Participation in SAI was sought through several promotional activities: direct mailing to all retail pharmacies in the state; presentation at two statewide pharmacy conference meetings, direct phone contact with district managers of retail pharmacy chains, and a pilot needs assessment with a sample of pharmacy managers. Both the Minnesota Board of Pharmacy and the Minnesota Society of Health System Pharmacists support the SAI. As a result, 426 pharmacies (approximately 45% of the total retail pharmacies) are anticipating in SAI. In partnership with the Minnesota AIDSLine and outreach workers at CBOs, PDUs are referred to participating pharmacies. With input from community members, other state agencies and pharmacists, a brochure describing safe disposal of syringes/needles, along with a "Do Not Recycle, Household Sharps" label were developed. Two brochures describing SAI were developed: one targets pharmacists and the other the public. After 9 months, nearly 31,000 brochures and referral cards, and over 7,000 labels were distributed.

LESSONS LEARNED: It was advantageous to planning the implementation SAI by conducting to use input during the development of the disposal brochure. The support of syringe sales received from the two professional pharmacy organizations provided leadership in this profession and encouraged pharmacy participation. A very small amount of funds accompanied the change in legislation, thus challenging current staff in executing the initiative.

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Abstract 142

TITLE: Quality Assurance of HIV Counseling, Testing, and Referral Services: Where Do We Start?

AUTHORS: Lindsey T, Bruce A, Jordan R, Manning, D, Vonderwabl, C
(Colorado Department of Public Health and Environment)

ISSUE: Research shows that HIV counseling, testing, and referral (CTR). when presented in a client-centered manner that is tailored to the individual and specific needs of each client, is an effective method of risk reduction and HIV prevention. Many public and private agencies, clinics and community-based organizations offer HIV CTR services to clients in their communities without assessing the quality of the services provided. It is necessary to develop a mechanism to determine if the provided services maintain a high standard of service as well as meet the needs of the client and the goals of the program(s).

SETTING: The quality assurance evaluation tool is intended for use by public and/or private providers that offer HIV CTR in clinics or agencies.

PROJECT: A diverse group of HIV/AIDS prevention providers who are actively involved in the Colorado community planning process. *Coloradans Working Together (CWT)*, expressed the need for quality assurance guidelines for agencies providing CTR services. In response, the Colorado Department of Public Health and Environment (CDPHE) hosted "*Assuring the Quality of HIV Prevention Counseling (AQHPC)*" course, and developed the "*HIV CTR Site Evaluation Process & Guidelines Manual*". The evaluation process strives to ensure several items: 1) CTR sites understand the purpose behind and importance of the evaluation process, 2) Contractual responsibilities of the CTR sites are clearly defined and understood by all parties, 3) Agencies are motivated to strive for improvement, and 4) the process is user-friendly.

RESULTS: The "*HIV CTR Site Evaluation Process & Guidelines Manual*" has been created and utilized with several CTR sites in Colorado. The site evaluation process has identified areas where realistic, incremental planning on the part of individual counselors and agencies has been necessary for improvement in the quality of services offered to clients.

LESSONS LEARNED: It is known that program evaluation and quality assurance are necessary components of successful HIV prevention programs. CDPHE's experience has shown that it is absolutely necessary to request input and feedback from providers as an evaluation/quality assurance tool is created. Their buy-in with the process is essential. Therefore, not only are the services provided to clients offered in a client-centered manner, the evaluation procedure itself reflects the needs of the agency and providers who offer the services.

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Abstract 143

TITLE: Studylink: Improving Access to Clinical Research as a Prevention Method

AUTHORS: Kennedy, AO; Rosenwald, V (Clinical Directors Network, New York NY)

ISSUE: Although the NYC metropolitan area has the highest HIV case rate in the US, local clinical research sites sometimes have difficulty filling studies of new treatments. This inability to connect patients with research opportunities may be because most newly diagnosed and infected people live in the outer boroughs, and many do not receive care at the teaching hospitals and major medical centers in Manhattan, where most research is conducted. Many providers are not aware of currently enrolling studies. Because both care facilities and research facilities in New York are decentralized finding an appropriate study for a patient could be both time consuming and difficult, entailing telephone inquiries to up to 30 research sites.

SETTING: Clinical Directors Network, Inc. (CDN), a public health membership organization located in New York City, is dedicated to providing and improving community-oriented health care for poor, minority, and underserved populations and to supporting clinicians who serve these populations. CDN StudyLink is a Ryan White Title I-funded project to match potential patients with opportunities to participate in clinical research in HIV.

PROJECT: The Studylink computer contains a database of enrolling studies in the area. A patient or provider calls Studylink and gives a few details about health status and treatment history. The database sorts by entry criteria and provides a list of appropriate studies which can be faxed or mailed. CDN staff can set up screening appointments via Z-way phone calls. StudyLink insures the accuracy of the database by bringing research staff from all sites together at bi-monthly meetings. The Research Referral Coordinator conducts outreach in all 5 boroughs to community health centers and to patients to discuss treatment options and how to gain access to the benefits of clinical research through StudyLink. StudyLink aids secondary prevention efforts by providing access to investigational new drugs for patients who can not be successfully treated with available therapies, by expanding access to studies that investigate which of the first-line therapies are most effective to a larger and more diverse patient population, by facilitating the entry of recent sero-converters into studies of early or acute HIV infection, and by stepping up the pace of clinical research by shortening the time it takes to fill studies. StudyLink impacts primary prevention by reaching out to patients at counseling and testing sites. Patients who test HIV-can be referred to preventive vaccine studies or investigations comparing the efficacy of several approaches to reducing risk behaviors.

RESULTS: In the first year of operation, StudyLink made almost 700 referrals to studies at 27 research sites, and outreached to over 400 clinics, CBO's and ASO 's. Most patients who were referred had not previously been informed of opportunities to enroll in studies. Many clinicians had not previously considered referring patients to research protocols. After meeting together, research coordinators began to develop collaborative rather than competitive relationships among sites and to refer patients to each other if they were unable to enroll them into their own studies.

LESSONS LEARNED: A centralized database and single telephone source for information about clinical research can increase enrollment into clinical trials and expand access to a more diverse patient population.

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Abstract 144

TITLE: Skills-based Intervention for Youth in High Risk Situations

AUTHORS: Lee Oldknow, M. P. H.

ISSUE: Teens at risk for HIV infection need effective, culturally sensitive interventions to decrease their risk of HIV infection.

SETTING: Several locations associated with teen youth in high-risk situations. Locations include the regional Youth Detention Center, Buford Health Center and a Gwinnett County court-ordered drug treatment program. Local middle and high schools are also targeted.

PROJECT: Due to the staggering increase of HIV infection incidence among youth and teenagers, the Be Proud, Be Responsible! curriculum was designed to increase knowledge in the area of HIV transmission and prevention. Attitude towards risky behavior and intent to engage in risky behavior are also addressed. This program places a strong emphasis on audience involvement with the use of role plays and hands-on activities.

RESULTS: During the course of this grant, over 500 youth ages 12 through 20 will have participated in the Be Proud, Be Responsible! Program. In addition, over 1000 middle and high school students will have been exposed to a one-shot HIV prevention program.

LESSONS LEARNED: Relationships between AIDGwinnett and local schools and teen centers have been successful in reaching and exposing a large number of youth to HIV information and resources.

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Abstract 145

TITLE: HIV Counseling and Testing -A New Approach

AUTHOR: Elizabeth H. Gery, MD

ISSUE: HIV counseling and testing helps clients use the knowledge of their HIV status to make decisions towards taking better care of their lives. When linked with prevention and medical services, testing serves as a gateway for individuals to access care without delay, with focus on staying negative if negative, or getting medical if positive. However, this opportunity is too often overlooked.

SETTING : The David Geffen Center for HIV Prevention and Health Education at Gay Men's Health Crisis (GMHC), the largest and oldest AIDS Service organization in the country, offers HIV counseling and testing services in the New York City (NYC) metropolitan area. NYC remains the epicenter of the U.S. HIV/AIDS epidemic.

PROJECT: The Geffen Center model of HIV testing and counseling offers a unique approach. It uses a mental health model which focuses on psychological factors influencing a client's risk behavior. It is housed in an AIDS service organization, allowing seamless referrals to prevention services and medical care. Additionally, outreach efforts through prevention programs at GMHC target communities at risk.. Continuity of care is provided. The clients work with the same counselor throughout the testing process. Clients are seen for a 45 minute pretest counseling session, and return one week later for their results. Clients who test HIV positive, receive a second post-test counseling session, to provide additional support and to ensure referral to medical care.

RESULT: Of the approximately 1600 clients who have been tested since the Geffen Center opened in June 1997, only 7 clients have failed to return for their results – an unprecedented return rate of 99.6%. Of the 66 clients who have tested HIV positive, 62 have been seen before they finished services at the Geffen Center.

LESSONS LEARNED: The Geffen Center model offers a unique approach to HIV counseling and testing. Its effectiveness is demonstrated by the high rate of return for results, implying engagement of the clients in the testing process, an important first step towards effecting behavior changes. For the clients who test positive, a significant focus is on linking them with medical care before they leave the program. This model, linking testing with prevention efforts and HIV medical care, can be easily reproduced.

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Abstract 146

TITLE: Economic Evaluation of Safer Choices: A School-based HIV, STD and Pregnancy Prevention Program

AUTHORS: Li Yan Wang, Margaret Davis, Leah Robin, Janet Collins, Stephen Banspach, Guy Parcel

OBJECTIVES: This study evaluated the cost-effectiveness and cost-benefit of Safer Choices, a well-evaluated, school-based HIV/STD, and unintended pregnancy prevention intervention for high school students.

METHODS: A societal perspective was used in this study, and cost-effectiveness and cost-benefit were derived through four steps. First, we estimated program costs. Second, we adapted the Bernoulli model to translate increases in condom use into cases of HIV/STD averted, and we developed a pregnancy model to translate increases in contraceptive use into cases of pregnancy averted. Third, we translated cases of adverse health outcomes averted into costs averted. Fourth, we calculated the net benefit of the program. A multi-variable sensitivity analysis was performed to determine the robustness of the base case results.

RESULTS: Under base case assumptions, at a program cost of \$101,665, Safer Choices achieved a 15% increase in condom use and 11% increase in contraceptive use within one year. 24.37 cases of chlamydia, 2.77 cases of gonorrhea, 0.17 cases of primary and secondary syphilis, 0.12 cases of HIV, 7.92 cases of PID, and 22 pregnancies were prevented. For every dollar invested in the program, about \$2.93 societal cost was saved. Results remain cost-saving under a wide range of model parameters and medical cost estimates.

CONCLUSIONS: The Safer Choices program is cost-effective and cost-saving under most scenarios. School-based prevention programs of this type warrant careful consideration by policy makers and program planners. Program cost data should be routinely collected in evaluations of adolescent prevention programs.

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Abstract 147

TITLE: Outcome Evaluation of the Women's Initiative for Sexual Health: Preintervention Data

AUTHORS: Bean Robinson, Bonita J. Westover, Gary Uhl

BACKGROUND/OBJECTIVES: The Women's Initiative for Sexual Health (WISH) is a comprehensive, culturally-specific sexuality education intervention targeting African American women in Minneapolis-St. Paul, MN. This intervention is a collaboration between a university-based human sexuality center and three African-American community agencies. The outcome evaluation assesses the effectiveness of this program in promoting healthy sexual behavior with an emphasis on HIV prevention.

METHODS: WISH participants were randomly assigned to either a two-day sexual health seminar or control group. All participants (intervention and controls) were administered a two hour in-depth interview at preintervention, and at three- and nine-month follow-ups. In addition, intervention participants (only) completed a self-administered questionnaire immediately following the intervention. The in-depth interview consisted of 42 sections including demographics, cultural variables, sexual attitudes and behaviors, sexual assertiveness, and attitudes toward and experience with safer sex activities. Data are currently being analyzed using descriptive statistics in SPSS.

RESULTS: This presentation will describe only the preintervention data (N=218). Eighty percent of women in the sample described themselves as African American with a mean age of 34 years. Forty-eight percent of participants lived below the poverty level with 33% in subsidized housing/halfway house/homeless. Most (51%) had been arrested at least once, and nearly half (46%) had been incarcerated. Regarding chemical use, 24% reported currently using some chemical other than tobacco or alcohol (e.g., cocaine, pot, heroin). Nearly one-third (32%) were currently in chemical dependence treatment. Regarding sexual behaviors, nearly three-quarters (73%) indicated having been sexually or physically abused, 30% had ever exchanged sex for drugs, money, food, rent, etc., and 12% were currently making money through prostitution. Compared to a national sample (NHSLs, 1994), the women in our study had a larger number of sex partners. The majority of WISH participants (57%) indicated "frequently" or "very frequently" NOT using a condom during sexual intercourse with their main partner, and 25% indicated the same lack of condom use with other partners. Forty-five percent of women indicated knowing or suspecting that their primary sex partner had not been monogamous. Group t-tests were run on all variables to determine similarity between intervention and control groups prior to the intervention. Both groups were similar on nearly all variables prior to the intervention.

CONCLUSIONS: While only 2-4% of the population in MN is African American, this collaboration resulted in the successful recruitment of a group of primarily African American women who were at substantial risk for drug-related and/or sexually transmitted HIV.

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Abstract 148

TITLE: Minnesota Pharmacy Syringe/Needle Access Initiative SAI)

AUTHORS: Gary Novotny, Jill DeBoer, Elaine Collison, Roy Nelson, Steve Moore

ISSUE: There is overwhelming evidence that syringe access programs reduce HIV-related risk factors among injecting drug users and can be implemented without harmful social repercussions. Given the limited political and financial support for needle exchange programs, ensuring pharmacy sales of needles/syringes becomes particularly important.

SETTING: Community-based retail pharmacies across Minnesota serving injecting drug using clients.

PROJECT: Minnesota Pharmacy Syringe/Needle Access Initiative (SAI)-Implementation. State legislation was enacted Jul 1, 1998 that provided for voluntary pharmacy sales of needles/syringes in quantities of 10 or fewer without a medical prescription for an accompanying drug. Individual pharmacies participate in SAI by certifying their support of a syringe/needle disposal activity. Accompanying the sale of syringes/needles, pharmacies provide referrals to the state's I&V hotline, HIV counseling and testing sites, health care resources, treatment facilities, and disposal information.

RESULTS: MDH staff are responsible for the implementation planning, materials development and dissemination, responding to public inquiries, training, and general communication with individual retail pharmacy managers. Participation in SAI was sought through several promotional activities: direct mailing to all retail pharmacies in the state; presentation at two statewide pharmacy conference meetings, direct phone contact with district managers of retail pharmacy chains, and a pilot needs assessment with a sample of pharmacy managers. Both the Minnesota Board of Pharmacy and the Minnesota Society of Independent Health System Pharmacists support the SAI. As a result, 426 pharmacies (approximately 45% of the total retail pharmacies) are participating in SAI. In partnership with the Minnesota AIDS Line and outreach workers at CBOs, IDUs are referred to participating pharmacies. With input from community members, other state agencies and pharmacists, a brochure describing safe disposal of syringes/needles, along with a "Do Not Recycle, Household Sharps" label were developed. Two brochures describing SAI were developed: one targets pharmacists and the other the public. After 9 months, nearly 31,000 brochures and referral cards, and over 7,000 labels were distributed.

LESSONS LEARNED: It was advantageous to planning the implementation of SAI by conducting a pilot needs assessment of pharmacists and attending the two statewide conference meetings; this aided in identifying what barriers may exist and facilitated responding to individual opposition of the initiative. It was also advantageous to use input during the development of the disposal brochure. The support of syringe sales received from the two professional pharmacy organizations provided leadership in this profession and encouraged pharmacy participation. A very small amount of funds accompanied the change in legislation, thus challenging current staff in executing the initiative.

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Abstract 149

TITLE: Prevalence, Predictors, and Presumptions for Never Having Been HIV Tested Among Young Men Who Have Sex with Men in Seven Urban Areas.

AUTHORS: Valleroy, LA; MacKellar, D; Secura, G; Magee, E; (Centers for Disease Control and Prevention, Atlanta, GA); and the Young Men's Survey Team (Baltimore, MD; Dallas, TX; Miami, FL; Los Angeles, CA; Oakland, CA; San Francisco, CA; San Jose, CA.)

BACKGROUND/OBJECTIVES: Although young men who have sex with men (YMSM) may be at high risk for becoming HIV-infected or infecting others, their HIV testing behaviors are not well described. Our objectives are to identify the prevalence, the predictors, and the reported reasons for never having been previously HIV-tested among YMSM sampled in 7 U.S. urban areas from 1994-1998.

METHODS: The Young Men's Survey was a cross-sectional, community-based, probability survey of 15- to 22-year-old YMSM who attended public venues frequented by YMSM. Participants were enrolled at venues, and then interviewed, counseled, and HIV tested.

RESULTS: Although HIV (7%) and HIV-related risk behaviors were very prevalent for the 2543 YMSM sampled, 910 (35%) had never been previously HIV-tested: 36% of the HIV-negative versus 20% of the HIV-positive (odds ratio [OR], 2.2; confidence interval [CI], 1.5-3.3). Using logistic regression modeling with backward elimination, we found these predictors for never having been previously HIV-tested: having lower sexual and drug-using HIV-related risks (as measured by a number of variables); being 15-19 years old (OR, 2.0; CI, 1.7-2.4); being less "out" about having sex with men (OR, 1.8; CI, 1.5-2.2); and being Asian American (OR, 1.7; CI, 1.2-2.4). When the 910 YMSM who had never been previously tested were asked why, the most prevalent reason(s) they reported were: perceived low risk for HIV (46%), fear of learning the results (37%), and fear of needles (17%).

CONCLUSIONS: Although HIV and HIV-related risks were very prevalent among the YMSM, they were less prevalent among those never previously tested. Indeed, many YMSM who had never been previously tested perceived themselves to be at low risk for HIV. HIV testing among YMSM might be increased by targeting adolescents, YMSM who are less "out", and Asian Americans, and by messages which reduce fear of testing and needles.

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Abstract 150

TITLE: Are Negative Affective States Associated with Sexual Risk Behaviors? A Review of T
Empirical Literature with Implications for Clinical

AUTHORS: Crepaz, Nicole, Marks, Gary, and Mansergh, Gordon
(Centers for Disease Control and Prevention, Atlanta GA)

BACKGROUND/OBJECTIVE: Negative affective states (e. g., depressive symptomatology, anxiety, anger, stress, mood disturbance) may promote sexual risk behaviors that lead to HIV infection. This hypothesis has been the focus of many empirical studies. If substantiated, then clinical intervention efforts to alleviate negative affect in

sexually active people may reduce the incidence of HIV infection. This study provides a comprehensive review of the empirical literature on the association between negative affective states and sexual risk behaviors in different populations.

METHODS: Literature available in AIDSLINE, MedLINE, and PsychINFO (1980-1998) was searched using relevant key words. Additional studies were found by checking reference lists of articles identified in the databases. Only English-language articles published in peer-reviewed journals were included. Thirty-two studies were identified.

RESULTS: Half of 26 studies that measured levels of depressive symptomatology found no association with **sexual** risk behaviors; 7 studies found a direct association, 2 found an inverse association and 4 obtained mixed results.

Similar inconclusive patterns were obtained in studies that examined anxiety, anger, stress, loneliness, **and** mood disturbance. No consistent patterns were seen when the studies were stratified by sample characteristics (e. g., HIV serostatus, gay men, drug users, and heterogeneous samples) or by methodological dimensions of the studies (e. g. cross-sectional vs. longitudinal designs, multivariate vs. univariate analyses, retrospective periods for self-reports).

CONCLUSIONS: The findings as a whole do not support the hypothesis that negative affective states are associated with sexual behaviors that put people at risk for HIV infection. However, many of the studies are limited by insensitive measurement designs and failure to model potential curvilinear associations. Additional studies are needed before any definitive conclusions are reached about the value of clinical intervention.

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Abstract 151

TITLE: HIV Prevention in the Disability Community

AUTHORS: Terry L. DeRocher, Ph. D.

ISSUE: Available research suggests that those with developmental, psychiatric and other disabilities are at particularly high risk for contracting STDs generally and HIV as well. However, few resource available to guide prevention efforts with these groups, and fewer still for these groups in rural areas.

SETTING: This program was designed for presentation to small groups of individuals with disabilities in the rural Thumb Region of Michigan.

PROJECT: Based on work by **Susser et al (e.g. 1941)** and materials from Young Adult Institute, programming was designed to meet the need for prevention among individuals with disabilities in rural settings. Pre and post measures were designed to assess knowledge gains, perceptions of personal risk and other key variables. Presentations were translated into the Spanish dialect common in local migrant labor camps and into ASL for those with hearing impairments. Program focus is on risks, risk reduction and general knowledge.

RESULTS: Pre and post measures indicate a great variability in the amount of pre-program knowledge possessed by participants, depending on the primary disability. However, post tests indicate that all individuals benefited from the program and were pleased with it.

LESSONS LEARNED: HIV prevention programming for those with disabilities must be flexible to adapt to both the audience and the setting, including both scheduling/length, number of sessions and materials. People with disabilities benefit from and appreciate prevention programming sensitive to their needs.

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Abstract 152

TITLE: Antiretroviral Medication Adherence Among the REACH HIV-Infected Adolescent Cohort.

AUTHORS: Murphy D. A., Wilson C., Durako S., Muenz L., & Belzer M.

BACKGROUND/OBJECTIVES: HIV-infected adolescents from 16 locations in 13 U.S. cities were recruited into the REACH (Reaching for Excellence in Adolescent Care and Health) project, the first large-scale disease progression study of HIV-positive adolescents infected through sexual behavior or injection drug use. Adherence to highly active antiretroviral therapy (HAART) was investigated.

METHODS: Only REACH participants prescribed triple drug therapy (three separate drugs or Combivir plus another antiretroviral) are included in this analysis. Medical chart abstraction of current HAART prescriptions were obtained, and three self-report measures of medication adherence were utilized: (1) whether the subject could identify all their prescribed medications; (2) a Likert scale rating of how often they took the medications as prescribed; and (3) a comparison of subject report of dosage and of schedule to the medical chart abstraction.

RESULTS: Of a total of 257 participants, 112 (72% female) were eligible for this analysis. A small percentage of participants (8%) did not correctly identify all their prescribed medications, and 12% reported never taking at least one of their medications. Therefore, the majority (80%) said they were taking all of their medications at least some of the time. Of those subjects, 76% reported taking the correct dosage. In summary, only 30% of this entire sample (N = 112) appeared to be fully compliant. There was a strong association between subject ratings of adherence and reduced viral load. Gender, race/ethnicity, age, number of medications, number of times prescribed per day, substance use, and depression were examined as possible covariates of compliance. Number of medications and depression were significantly associated with decreased adherence.

CONCLUSIONS: Strict adherence to HAART is very important to prevent the development of resistant strains of HIV. Our data indicate that compliance may be a serious problem among HIV+ adolescents. Better education, intervention, and efforts to improve the ease of medication use are essential. The REACH network has recently issued a publication on medication adherence, and has developed a medication adherence program for HIV+ adolescents. Future studies from the REACH cohort will further explore reported adherence with antiretroviral activity.

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Abstract 153

TITLE: Targeted Opt-in vs. Routine Opt-out HIV Testing in an STD Clinic

AUTHORS: Lee JH, Mitchell B, Nolt B, Robbins B, Thomas MC, Tx Dept of Health; Branson BM, CDC, Atlanta, GA

BACKGROUND: Despite several strategies for targeting HIV testing, blinded prevalence studies revealed that half of HIV-positive clients in some Texas STD clinics were not tested.

OBJECTIVE: To compare the acceptance and effectiveness of a new “opt-out” approach (routine HIV test included in clinic consent and done on all clients unless refused; prevention counseling offered to all clients but not required before testing) with the usual “opt-in” approach (clients offered prevention counseling and elect HIV testing by signing a separate consent.)

METHODS: During 6-month periods before and after initiation of the opt-out approach, STD programs in Amarillo, Austin, Dallas, Fort Worth, Houston and Lubbock collected data on the number of clients tested, counseled, and their HIV test results; for HIV-positive clients, the number referred to Early Intervention and the number of new HIV-infected partners identified.

RESULTS:

	STD clients	Tested	Pre-test counseled	New HIV+	Engaged in Early Intervention	New HIV+ partners
Opt-in	31,558	14,927	15,038	147	91	10
Opt-out	34,511	23,020	11,466	209	172	30
Difference	+9%	+54%	-23%	+42%	+89%	+200%

CONCLUSIONS: The opt-out approach was effective for these STD clinics, because more clients received testing, more HIV-infected persons learned their status and entered treatment, and more HIV-positive partners learned of their infection. However, other approaches are required to increase the number of clients who accept prevention counseling.

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Abstract 154

TITLE: HIV Prevention Education for Preservice and Beginning Classroom Teachers

AUTHORS: Michael-Bandele, M; Wright, L; Summerfield, LM

ISSUE: Regular K-12 classroom teachers can play a significant role in reducing the spread of HIV infection. Teachers not only provide elementary health education in all states (and secondary health education in some), but daily respond to student questions on a variety of topics and are likely to have HIV-infected students in their classes. Teachers therefore must have the capacity to provide health and HIV education with knowledge and comfort and must be aware of such important issues as universal precautions and the confidentiality of student health information. Unfortunately, the teacher training curriculum in most higher education institutions offers little space for such essential information.

SETTING: The primary audience is deans, faculty, and students in university teacher training programs; a secondary audience is K-12 teachers in school settings.

PROJECT: To address the needs of preservice teachers, AACTE has developed unique materials that promote the infusion of HIV and other serious health problems into the teacher training classroom. These materials are also useful for inservice education with new teachers.

RESULTS: The project has developed two products that can be used in higher education and K-12 school inservice settings where time constraints dictate program content. Brief information sheets with case studies and interactive video-imbedded CD-ROM product allow faculty to incorporate HIV/AIDS and health information into already-existing methods courses. These products may also be useful for inservice with new teachers.

LESSONS LEARNED: Teacher education programs are well aware that they are preparing future teachers for the “real world, “ in which K-12 students face serious health issues, including HIV. Preservice teachers and beginning teachers respond to teaching materials that are current, innovative, and deal with social issues. Materials that can be easily infused into the regular teacher training or inservice curriculum are particularly useful.

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Abstract 155

TITLE: Developing Faith-Based Interventions for African American Church-Going Adolescents
Using a Theology of Prevention

AUTHOR: Woodyard JL

ISSUE: African American churches provide networks of social support addressing unmet health and human service needs. Yet, church sponsored HIV/AIDS intervention efforts targeting African American youth are practically nonexistent. Faith-based prevention programs targeting African American church-going adolescents (AACGA) are needed.

SETTING: A pilot program in a Southeastern metropolitan area provided HN prevention-based religious education workshops for AACGA (ages 12-18).

PROJECT: To address this issue, workshop curricula based on a *theology* of caring about HIV/AIDS was used during one-day sessions that challenged AACGA to consider behavioral responses of the biblical Jesus to the socially-outcast and physically ill. AACGA explored their responses to the AIDS pandemic as African American persons-of-faith. Researchers measured AIDS knowledge, awareness of gospel care narratives, risk perception, sexual attitudes and behaviors. Four-week post-tests were administered to measure retention and compare personal reports of risk and sexual behavior.

RESULTS: AACGA in this program were AIDS-smart, had many misconceptions about risk, were sexually active and practiced limited safer sex behaviors. They were aware of caring behaviors associated with the biblical Jesus as role model. These young people retained knowledge of biblical examples of caring, reported more realistic risk perception and limited unsafe sexual practices four weeks after the workshop.

LESSONS LEARNED: Church-sponsored, prevention-based religious education may prove effective at limiting unsafe sexual behaviors among AACGA. If prevention curricula are developed and incorporated at four-week intervals within regular training programs of African American churches, healthy choices may be sustained within this population. To that end, this program advocates age-and gender-appropriate Sunday school, bible study and youth activity curricula and training based on a *theology of prevention*. Such curricula can be developed to support theological and moral principles of local churches and their affiliations. Outlines of religious education programs featuring a *theology of prevention* are provided.

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Abstract 156

TITLE: Elements of Effective HIV Programs for Adolescents

AUTHORS: Julie Taylor, Associate Director of Training, ETR Associates

ISSUE: Since the mid-80's schools and youth serving organizations have implemented HIV Prevention Programs for youth in an attempt to eliminate or reduce their sexual risk-taking behavior. However, programs varied in content, length of instruction and type of instructional strategies used. As the field of HIV Prevention began to mature, health education professionals began to ask for a definition of what constituted effective HIV Prevention Education programs for adolescents.

SETTING: **Secondary schools and community-based** youth serving organizations nationwide.

PROJECT: In order to define what constitutes Effective HIV Prevention Education for adolescents Dr. Douglas Kirby, ETR's Senior Research Associate, reviewed 50 educational programs designed to reduce sexual risk-taking behavior among school-aged youth in the United States and wrote a monograph describing his findings. Included in this monograph is a description of nine program elements common to programs that were effective in reducing sexual risk-taking behavior. In addition, ETR Training Department staff have developed a program assessment **tool** that allows program developers and implementors to assess how their programs address each of the nine key elements.

RESULTS: HIV Prevention Program developers and implementors can use these key elements and assessment **tools** to improve the effectiveness of their current HIV Prevention Education programs and practices.

LESSONS LEARNED: Effective HIV Prevention Programs for Adolescents have several elements in common including: 1) a narrow focus; 2) a theoretical grounding in social learning theories; 3) 14 hours of instruction or instruction that takes place in small groups to make more efficient use of time; 4) use of a variety of teaching methods; 5) activities that convey information about risks and protection; 6) instruction on social influences and pressures; 7) reinforcement of individual values and group norms against unprotected sex; 8) activities that model and practice communication and negotiation skills; and 9) effective training of individuals implementing the program.

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Abstract 157

TITLE: Cultures and Communities: Youth Development through Culture Identity-Building and Service Learning.

AUTHORS: Barbara A. Collins, ETR Associates, Santa Cruz, C A

ISSUE: Risk reduction interventions for youth have not accounted for the role of cultural identity and cross-culture skills in risk-taking. The interrelationships between cultural identity, the capacity to function in the dominant culture, and risk behaviors merit further explorations.

SETTING: Behavioral and social science intervention research in court-supported alternative high schools in northern California.

PROJECT: Cultures and Communities is a 16-week intervention that develops youths' social skills, builds cultural knowledge and strengthens cultural identity in African American, Southeast Asian, Mexican American and European American teens on probation. The program includes a trust-building "challenge course" and culminates in a month long service learning project whereby youths contribute to their communities in positive ways.

RESULTS: The intervention has been piloted with five multicultural groups and participants have gained in hi-cultural self-efficacy, positive cross-cultural attitudes and behavior and ethnic identity, sense of competence and self-esteem. Pilot data suggest positive relationships between cultural identity building and educational commitment.

LESSONS LEARNED: While gains can be made during the intervention period, sustaining those gains over time is not as easy. In our current study, we will pursue enhancing supports for youths' behavior change and will conduct a delayed posttest to determine retention.

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Abstract 158

TITLE: Sexual Networking and AIDS Education at the Workplace and the Community: The Case of oil locations in Nigeria

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ISSUE: Field-based Oil Workers are particularly vulnerable to HIV/AIDS in the face of sexual network with commercial sex workers (CSW) and settlers at Oil Locations. This interaction requires an innovative, multi-pronged awareness and intervention program targeted at both groups and the community. This study was therefore designed to document the level of Sexual networking at Oil locations, determine factors that facilitate the above, its implications for the Oil and Gas industry in the era of HIV/AIDS, and modestly evaluate the effectiveness of the AIDS awareness program at the workplace.

SETTING: The fieldwork for this study, and the subsequent intervention program took place at the Oil locations in Nigeria which includes Tank farms, oilrigs, Flow stations/Badges, platforms, Bush bars and the surrounding host communities. The resident population on these settlements consists of Local and International (expatriate) personnel that are regular, contractor, or contract staffs, and local settlers. Access to the Oil locations and the surrounding settlements are mainly by sea or air.

PROJECT: Workers in the Oil and Gas Exploration and Production sector have a stable income, have poor access to health information and extremely mobile; spending long periods away from their usual partner and may therefore be exposed to high risk sexual behavior. A pre-program Key informant interviews, Questionnaire and Focus group discussion amongst Oil workers and CSW at Oil Locations revealed poor awareness, misconceptions and doubts about HIV/AIDS. There was a high level of sexual networking (focus and diffuse), multi-partnered sex with its attended multi-agents STDs. A well-articulated multi-pronged AIDS education program at the workplace and the surrounding community was initiated and directed at these subsets using basic facts about HIV/AIDS; blended with jokes, cartoons, poetry, drama, music, video shows and moonlight story telling. Comprehensive handouts on STDs/HIV/AIDS, safer sex practices were given and counseling sessions arranged.

RESULTS: This workplace-based AIDS prevention program became popular with workers. It became accepted by management and led to the establishment of a workplace policy on AIDS; an anti-AIDS Club. There was also a 40% reduction in case of STDs seen at the clinics; 65% increase in Phone-in and requests for counseling sessions by workers over a period of one year.

Condom demand and use have increased amongst the CSW and the surrounding community has started to respond to the challenges of HIV transmission.

LESSONS LEARNED: Field-based Oil Workers, like truck drivers, CSW, tourists, itinerant traders may need to be treated as a high-risk group both at the workplace and in the larger community. AIDS prevention programs at Oil Locations must also be targeted at the host communities in order to increase its success and achieve better company-host community relationships.

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Abstract 159

TITLE: Does Crack Use After HIV Diagnosis Predict High Risk Sexual Behaviors? Differences Between Men and Women

AUTHORS: Campsmith, ML; Nakasbima, AK; Jones, JL; the SHAS Project Group (Centers for Disease Control and Prevention, Atlanta, GA)

BACKGROUND: Crack cocaine use has been associated with high risk sexual behaviors that may lead to I acquisition of HIV. In this study, we examined whether crack use after HIV diagnosis predicted high risk ~sexual behaviors that might lead to transmission of HIV.

METHODS: Analysis of cross-sectional interviews of persons 218 yrs of age reported with HIV/AIDS to 12 state/local health depts. during June 1990-Nov. 1998. Logistic regression models were created for men and women with crack use before and after HIV diagnosis as the main predictor for each of four high risk sexual behaviors, adjusting for age, race/ethnicity, HIV status, education, and injecting drug use in the past year.

RESULTS: Of 20,497 HIV/AIDS patients interviewed, 14,385 (70%) never used crack, 2,190 (11%) used crack before HIV diagnosis but not after, and 3,922 (19%) used crack after HIV diagnosis. For men who ha i ever used crack (2,807 of 15,902 men interviewed, 27%), the proportion who had engaged in sexual risk behaviors was significantly higher for those who had used crack after vs. before HIV diagnosis: unprotected sex w/steady partner since HIV diagnosis, 45% vs. 35% (adjusted odds ratio [AOR] 1.6); unprotected sex I w/non-steady partners since HIV diagnosis, 44% vs 35% (AOR 1.6); having multiple sex partners in the past year, 60% vs. 55% (AOR 1.2); and exchanged sex for money/drugs in the past 5 years, 24% vs. 14% (AOR 1.9). For female crack users (1,608 of 4,595 women interviewed, 35%). there were no significant differences for those who used crack after vs. before HIV diagnosis in unprotected sex w/steady partner (56% vs. 49%). unprotected sex w/non-steady partners (49% vs. 40%) and multiple sex partners (46% vs. 42%); a significant difference was seen for exchanged sex for money/drugs in the past 5 years, 48% vs. 27%, (AOR 2.4).

CONCLUSIONS: A higher portion female users engaged in high risk sexual behaviors compared with male crack users. We observed a reduction in the proportion of male crack users who engaged exchanged sex for money/drugs if they did not use crack after HIV diagnosis. This information suggest that stopping crack cocaine use after HIV diagnosis may be valuable for reduction of sexual risk behaviors among HIV-infected persons.

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Abstract 160

TITLE: Representativeness of HIV/AIDS Cases Interviewed in the Supplement to HIV/AIDS Surveillance (SHAS) Project

AUTHORS: Nakashima AK, Burgess DA, Campsmith ML, Lansky A, Jones JL, Fleming PL and the SHAS Project Group (Centers for Disease Control and Prevention, Atlanta, GA)

BACKGROUND/OBJECTIVES: The Supplement to HIV/AIDS Surveillance (SHAS) project has interviewed HIV-infected persons to collect information on demographics, sexual and drug using behaviors, medical/social services, and medical therapy and adherence since 1990. We summarize data from SHAS project and examine the representativeness of these data.

METHODS: Persons >18 years of age and reported to 12 state/local health departments through HIV/AIDS surveillance were eligible for the SHAS interview; both population-based and facility-based sampling methods were used. Cases interviewed in SHAS were compared to cases reported nationally through surveillance activities to the HIV/AIDS reporting system (HARS).

RESULTS: Between 1990-1998, 20,813 persons (78% AIDS and 22% HIV) were interviewed. For this period, the distribution of characteristics of AIDS cases interviewed in SHAS (n=16,179) compared with all reported AIDS cases nationally (n=569,632): by sex, 80% were men in SHAS vs. 83% in HARS; by age, 19% vs. 17% were 18-29 yrs old and 48% vs. 45% were 30-39 yrs old; by race/ethnicity, 44% vs. 38% were black, 36% vs. 42% white, and 18% vs. 19%, Hispanic; by risk/exposure group 47% vs. 45% were men who have sex with men (MSM), 24% vs. 27% injecting drug users (IDU), 9% vs. 6% MSM/IDU, 15% vs. 11% heterosexual contact, and 6% vs. 10% other/undetermined; by region, 11% vs. 30% were reported in the Northeast, 50% vs. 35% in the South, and 6% vs. 10% in the Midwest. Comparison of HIV cases interviewed in SHAS vs. nationally reported in HARS showed similar comparability.

CONCLUSIONS: Interview-based information is valuable for prevention program planning and evaluation. The SHAS methodology is a practical way to obtain reasonably representative interview-based information on a variety of prevention-related issues. Because SHAS is linked to surveillance, we can evaluate the extent to which cases interviewed are representative of the reported infected population.

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Abstract 161

TITLE: Adapting a Standardized Project to Meet Local Needs: The Supplement to HIV/AIDS (SHAS) Project in Washington State

AUTHORS: Courogen, Maria

ISSUE: HIV/AIDS case reports provide limited information about those infected. Data from the Supplement to HIV/AIDS Surveillance (SHAS) Project provide enhanced information on important characteristics and needs of the infected population. This information can be used to plan, develop, and monitor HIV prevention interventions.

SETTING: In Washington State, the SHAS Project is a population-based study. Although the project was initially conducted in a limited number of counties, primarily in the Puget Sound area, it has recently been expanded in order to gather more information from infected individuals living in rural areas and, consequently, better address local planning needs.

PROJECT: Washington State is one of 12 SHAS sites nationwide where in-depth interviews are conducted with HIV/AIDS patients 2 18 years of age on an ongoing basis using a standard questionnaire. Data collected include demographics, socioeconomic status, sexual and drug using behaviors, HIV testing behaviors, therapy for HIV and opportunistic infections, and access and adherence to therapy. Locally, questions of interest to community planning have been added to the standard questionnaire; these include questions about needle ,! c; exchange, reasons for not testing earlier for HIV, and use of services outside of the county of residence. Individuals with reportable disease are recruited with the assistance of providers and case managers interviewed in a setting of their choice, and compensated for their time.

RESULTS: A total of 1,335 interviews have been completed since the project started in 1991. SHAS data that have been used recently for community planning groups include: (a) data describing the behaviors of injection drug users with HIV; (b) late diagnosis of HIV infection, particularly in women; (c) reasons for not testing earlier for HIV; and (d) condom use by men who have sex with men. SHAS data have also been included in the 1998 Washington State HIV/AIDS Epidemiologic Profile.

LESSONS LEARNED: Extensive behavioral data that are useful for community planning are scarce, particularly in rural areas. In Washington State, adapting the SHAS Project by adding questions of local interest and expanding to a statewide protocol has allowed for collection of data that better meet community planning needs.

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